2004 / 2005
Annual Report

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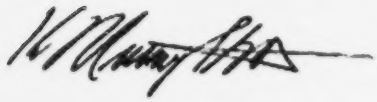
Letter of Transmittal

The Honourable John Nilson
Minister of Health
Room 361, Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Mr. Nilson:

We are pleased to submit the annual report for the Regina Qu'Appelle Health Region. This report for the 2004-2005 fiscal year is submitted in accordance with the requirements of *The Regional Health Services Act* and *The Tabling of Documents Act*.



K. Murray Knuttila
Chairperson
Regina Qu'Appelle Regional Health Authority

Strategic Framework

Every successful organization has a strategic framework within which it operates. The Regina Qu'Appelle Health Region's framework starts with our Vision, Mission and Values. Using our Values as direction, the Regional Operating Plan with seven Strategic Themes and 28 objectives will lead us to our preferred future as a health care organization.

Vision

Healthy people, families and communities.

Mission

We are a provincial and community provider of a full range of quality health services, education and research that inspires public confidence. We achieve success in meeting the diverse health needs of our communities through the strength of our people, partnerships and personal responsibility for health.

Values

Together we succeed through...
Compassion - Our caring approach to people, families and communities.

Respect - Honesty, trust and valuing diversity as well as similarity will guide all relationships, decisions and actions.

Collaboration - Relationships built upon a shared vision, trust, open communication, involvement and genuine recognition for people's and partners' contributions.

Knowledge - Continuous improvement and effective decision-making based on the pursuit of knowledge, evidence, standards of practice and sound ethics.

Stewardship - Accountability for the people and resources entrusted to us, and the courage to do what is right.

People Philosophy

People are our passion. By putting people first we are able to achieve our Mission and fulfill our Vision through a service environment built on mutual respect, collaboration and teamwork. The Regina Qu'Appelle Health Region is working towards practicing our people philosophy consistently and striving to live our values in our everyday worklife.

Management Discussion and Analysis

Role and Responsibilities

The mandate of the Regina Qu'Appelle Regional Health Authority, on behalf of the citizens of the region and southern Saskatchewan, is to assure quality health services and to avoid unacceptable activities and conditions.

The Regina Qu'Appelle Health Region is charged with two main areas of responsibility. The first is to assess the health care needs of the people it serves, prepare annual budget plans, deliver quality services and evaluate the services it provides. The second is to provide specialized health care for 465,000 residents in southern Saskatchewan through the two designated provincial hospitals in Regina.

The Regina Qu'Appelle Regional Health Authority is ultimately accountable for the overall management and control of the health region. Pursuant to the *Regional Health Services Act*, the Authority is ultimately accountable to the Minister of Health to achieve the provincial and regional goals and objectives for health services.

Within this mandate, the Authority has set the overall direction for the organization and defined a strategic framework, which specifies the Vision, Mission and Values of the organization (see page 2 for the Vision, Mission and Values).

The Authority assumes its role and responsibilities within the context of a governance policy framework of decision-making and accountability and the powers of authority prescribed to it in the *Regional Health Services Act*.

The governance framework is driven by five fundamental components that facilitate board performance effectiveness. They include leadership, strategic direction, roles, processes and policies, and Authority relationships and development.

To support the Authority in fulfilling its responsibilities, it has established three committees: Executive Committee; Services and Partnerships Committee; Resource Accountability Committee. In addition, the Authority has established four Community Advisory Networks to ensure that the Authority receives input and advice from local citizens.

All Regina Qu'Appelle Regional Health Authority members are appointed to serve on one or two of the Authority's committees and certain members have been designated to liaise with the Community Advisory Networks. Each committee and network operate independently of the others. Authority members must travel extensively to attend meetings that are held throughout the Region.

105-06593/

Regina Qu'Appelle Regional Health Authority
Committee Membership and Meeting Attendance

Members	Attendance
Bergman, Anita	82.4%
Boutilier, Lloyd	94.1%
Connolley, Pat	94.1%
Elford, Loretta	88.2%
Everett, Marie	100%
Fisher, Tyronne	94.1%
Knuttila, Murray	70.6%
Leier, Bryan	82.4%
Poitras, Bev	88.2%
Semenchuck, Gary	64.7%
Taylor, Alex	76.5%
Ward, Chuck	82.4%

Resource Accountability Committee	Executive Committee	Services & Partnerships Committee	Community Advisory Networks Ad Hoc Committee
• Finance • Audit • Accreditation • Capital & Facilities • Human Resources	• Meetings & Agendas • CEO Liaison & Evaluation • Board/Development Education • Board Policy Development/Review • Strategic Accountability	• Quality Care/Patient Safety • Medical Affairs • Community Advisory Councils • Public Relations • Partnerships	• Community advice and input • Linkages to various community stakeholders

Members	Attendance	Members	Attendance	Members	Attendance	Members	Attendance
Bergman, Anita	100%	Bergman, Anita	100%	Bergman, Anita	100%	Bergman, Anita	100%
Boutilier, Lloyd	100%	Boutilier, Lloyd	100%	Connolley, Pat	100%	Connolley, Pat	100%
Elford, Loretta	100%	Elford, Loretta	85.7%	Elford, Loretta	100%	Everett, Marie	100%
Leier, Bryan	100%	Knuttila, Murray	100%	Everett, Marie	100%	Knuttila, Murray	80%
Poitras, Bev	71.4%	Leier, Bryan	100%	Fisher, Tyronne	100%	Ward, Chuck	100%
Semenchuck, Gary	71.4%			Knuttila, Murray	100%		
Taylor, Alex	100%			Ward, Chuck	90%		

105-06593

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Resource Accountability Committee

- Finance
- Audit
- Accreditation
- Capital & Facilities
- Human Resources

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Bergman, Anita	100%
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Elford, Loretta	100%
Leier, Bryan	100%
Poitras, Bev	71.4%
Semenchuck, Gary	71.4%
Taylor, Alex	100%

Executive Committee

- Meetings & Agendas
- CEO Liaison & Evaluation
- Board/Development Education
- Board Policy Development/Review
- Strategic Accountability

Members	Attendance
Bergman, Anita	100%
Boutilier, Lloyd	100%
Elford, Loretta	85.7%
Knuttila, Murray	100%
Leier, Bryan	100%

Services & Partnerships Committee

- Quality Care/Patient Safety
- Medical Affairs
- Community Advisory Councils
- Public Relations
- Partnerships

Members	Attendance
Bergman, Anita	100%
Connolley, Pat	100%
Elford, Loretta	100%
Everett, Marie	100%
Fisher, Tyronne	100%
Knuttila, Murray	100%
Ward, Chuck	90%

Community Advisory Networks Ad Hoc Committee

- Community advice and input
- Linkages to various community stakeholders

Members	Attendance
Bergman, Anita	100%
Connolley, Pat	100%
Everett, Marie	100%
Knuttila, Murray	80%
Ward, Chuck	100%

Public Transparency

The Regina Qu'Appelle Regional Health Authority believes that an integral part of its accountability to the public involves being transparent and trustworthy. The Authority has taken several steps in this regard; for example:

- Authority business meetings are held in public, and are convened both in Regina and in rural areas of the Region.
- The Region's Web site includes notices of meetings, agendas and minutes, as well as addresses and phone numbers of all Authority members.
- Authority meetings are advertised in the *Leader Post* and community newspapers. Media advisories are sent to all regional media informing them of Authority meetings.
- Information regarding activities of the Authority is regularly distributed through the Region's internal and external newsletters.
- An interface with communities and the public has been established through four Community Advisory Networks that provide advice and input directly to the Authority.

The payee lists will once again be made public. The two lists show total payments made to employees through the payroll system and the total amounts paid to vendors through the accounts payable system. The lists will be available for viewing, upon request, during regular business hours at any of the Region's Health Sciences Libraries, located at the Regina General and Pasqua hospitals and the Wascana Rehabilitation Centre. The lists will also be posted on our Web site, rqhealth.ca, with this annual report.

Information about the Region is available on the Region's Web site at rqhealth.ca and in our quarterly publication, *HealthNews*. The Web site contains information on our programs and services, news items, and general health information. *HealthNews*, which is delivered to each household in the Region, contains the Chairperson's message and advice about healthy living, as well as information on programs and services offered by the Region.

The public also gets news on health care from local news organizations. The Region is in almost daily contact with reporters and makes every effort to maintain a positive and respectful relationship with the news media. Although we have a shared responsibility with the news media to inform the public, we take care to ensure that the privacy rights of our patients, clients, residents and visitors are preserved.

The Region also has a responsibility to communicate with our close to 7,500 employees. We also need to inform the over 500 physicians who work within the Region but are not all employees.

To ensure timely communication, we produce a weekly electronic newsletter for our staff and a monthly publication for physicians.

Community Advisory Network Activities

In 2001, the Government of Saskatchewan's Action Plan for Saskatchewan Health Care called for the formation of Community Advisory Networks (CANs) in regional health authorities throughout the province. In 2002, the passing of the Regional Health Services Act brought 12 health regions into existence and mandated them to establish Community Advisory Networks (CANs).

The objective was for health authorities to benefit from advice and input of local citizens when setting priorities and direction for health services. The importance of maintaining effective links with community leaders, consumer groups, education and social agencies was a priority for CANs.

In response to this mandate, the Regina Qu'Appelle Regional Health Authority (RQHRA) appointed four geographically based CANs: Central Community Advisory Network; East Community Advisory Network; Regina Community Advisory Network; North Community Advisory Network.

All four Community Advisory Networks were active throughout the 2004-2005 fiscal year. Having met both in the spring and fall of 2004, CAN members participated in several educational sessions designed to raise their levels of understanding of the Region's service delivery model and health care in general. As part of their mandate, the CANs also met to consult on a series of questions asked of them by the Authority. The advice and perspectives offered through these discussions added value to the Authority's own deliberations on these health related issues. All four CANs also toured the provincial HealthLine Call Centre facility in Regina that is owned and managed by the RQHR.

During the fall of 2004 and winter of 2005, the Regina Qu'Appelle Regional Health Authority (RQRHA) held nine community consultation meetings – five in rural centres and four in Regina. The locations of the rural consultations were Indian Head, Cupar, Whitewood, Lumsden and Dilke. All four CANs were instrumental in leading the planning and logistics for the nine meetings. Members of the public and civic leaders were invited by the Authority to offer, and

consult on, their views of the status of health services in the RQHR, as well as identify issues and obstacles that posed challenges to accessing high quality health services. A rich diversity of viewpoints was expressed, and common themes were identified as major obstacles for health service delivery. Clearly, the information gathered by the CANs and the Authority from these community consultations added value and enriched the RQRHA's own viewpoint and discussions on some of the major challenges facing health care delivery.

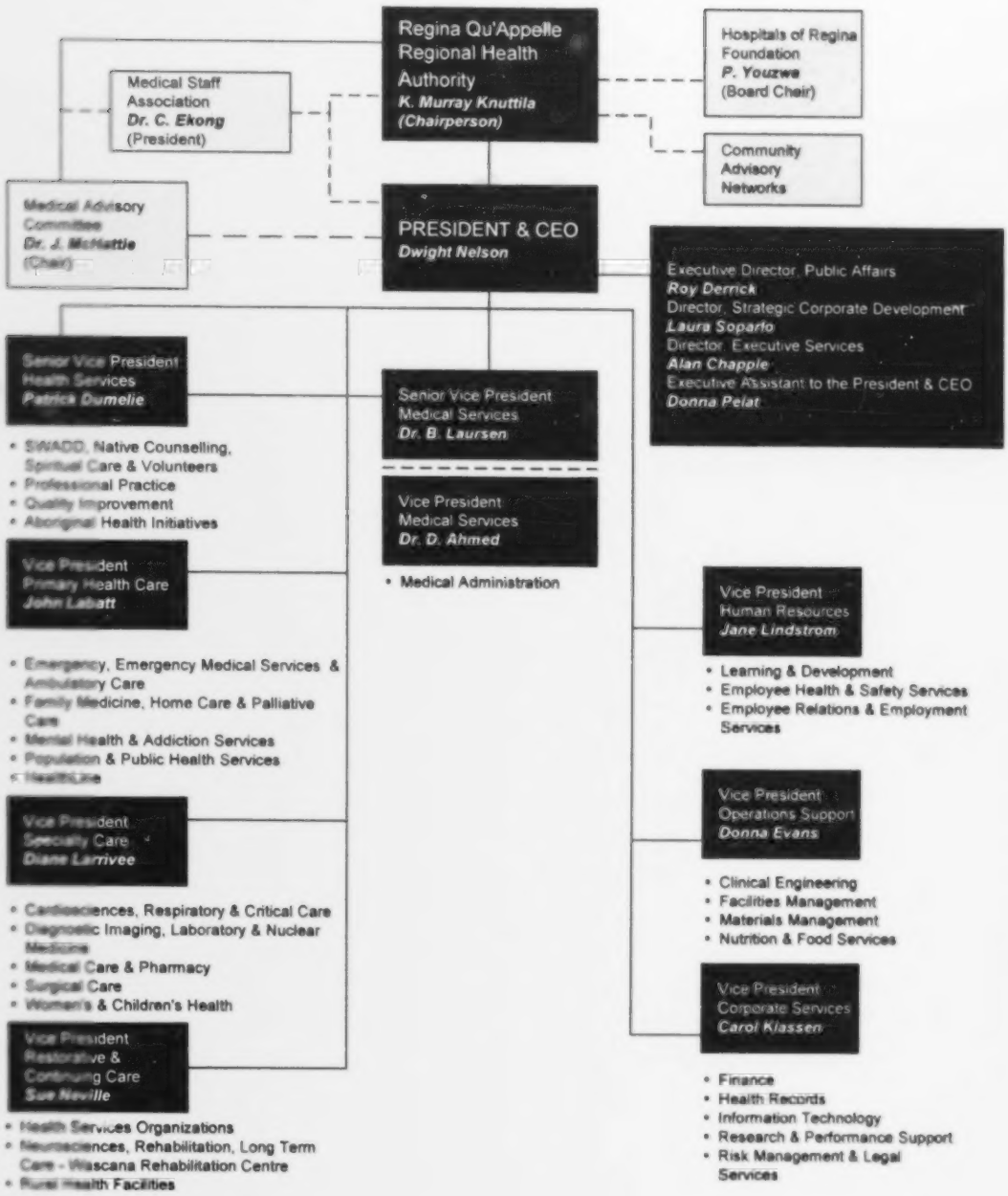
After the rural meetings, the RQRHA summarized the major themes expressed during these consultations in a briefing document that it forwarded to the Minister of Health for further discussion. The broad themes identified by the briefing document were: public awareness of HealthLine, health care for the elderly, transportation, Primary Health Care, First Responders and Emergency Medical Services, and the development of an electronic health card. The RQRHA is drafting a similar briefing document based on the discussions of the Regina community consultations.

The marked development of the CANs and their integral involvement in community consultations throughout 2004-2005 has set a high standard for activity. The Authority expects to rely on the Networks further in 2005-2006 for advice and initiative.

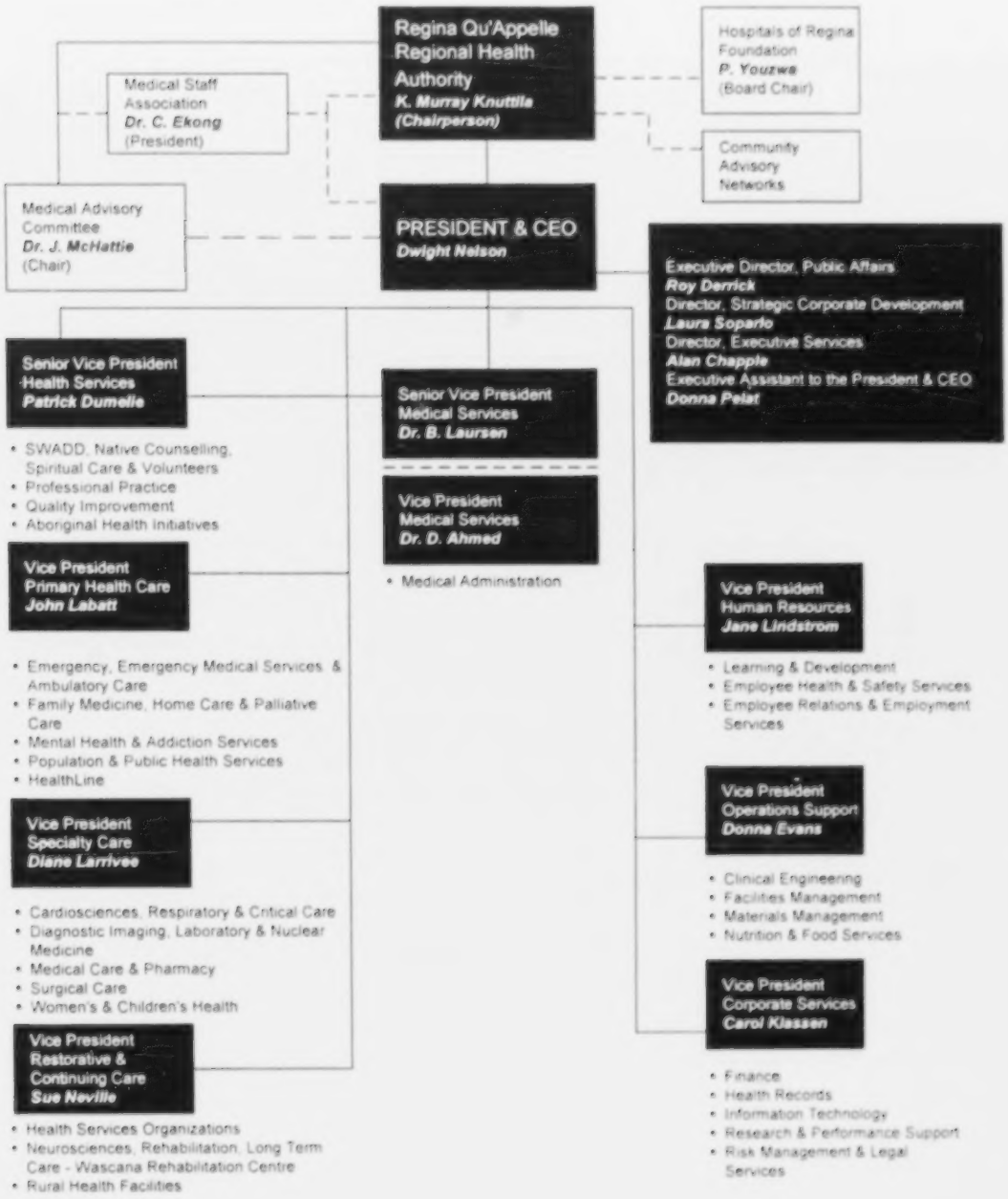
The Chairpersons of the four Community Advisory Networks are:

- David Mayer, Central Community Advisory Network;
- Garry Beckett, East Community Advisory Network;
- Elizabeth Domm, Regina Community Advisory Network; and
- Eunice Cameron, North Community Advisory Network.

Regina Qu'Appelle Health Region
Organizational Structure


Regina Qu'Appelle Regional Health Authority
K. Murray Knuttila (Chairperson)
Hospitals of Regina Foundation
P. Youzwa (Board Chair)
Medical Staff Association
Dr. C. Ekong (President)
Community Advisory Networks
Medical Advisory Committee
Dr. J. McHattie (Chair)
PRESIDENT & CEO
Dwight Nelson
Executive Director, Public Affairs
Roy Derrick
Director, Strategic Corporate Development
Laura Soparlo
Director, Executive Services
Alan Chapple
Executive Assistant to the President & CEO
Donna Pelat
Senior Vice President Health Services
Patrick Dumelie
• SIVADD, Native Counselling, Spiritual Care & Volunteers
• Professional Practice
• Quality Improvement
• Aboriginal Health Initiatives
Senior Vice President Medical Services
Dr. B. Laursen
Vice President Medical Services
Dr. D. Ahmed
• Medical Administration
Vice President Primary Health Care
John Labatt
• Emergency, Emergency Medical Services & Ambulatory Care
• Family Medicine, Home Care & Palliative Care
• Mental Health & Addiction Services
• Population & Public Health Services
• HealthLine
Vice President Specialty Care
Diane Larrivee
• Cardiosciences, Respiratory & Critical Care
• Diagnostic Imaging, Laboratory & Nuclear Medicine
• Medical Care & Pharmacy
• Surgical Care
• Women's & Children's Health
Vice President Restorative & Continuing Care
Sue Neville
• Health Services Organizations
• Neurosciences, Rehabilitation, Long Term Care - Wascana Rehabilitation Centre
• Rural Health Facilities
Vice President Human Resources
Jane Lindstrom
• Learning & Development
• Employee Health & Safety Services
• Employee Relations & Employment Services
Vice President Operations Support
Donna Evans
• Clinical Engineering
• Facilities Management
• Materials Management
• Nutrition & Food Services
Vice President Corporate Services
Carol Klassen
• Finance
• Health Records
• Information Technology
• Research & Performance Support
• Risk Management & Legal Services

Regina Qu'Appelle Health Region
Organizational Structure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Carol Klassen
• Finance
• Health Records
• Information Technology
• Research & Performance Support
• Risk Management & Legal Services

Leadership

Regina Qu'Appelle Regional Health Authority

Murray Knuttila
(Chairperson)

Lloyd Boutilier
(Vice Chairperson)

Anita Bergman

J. Patrick (Pat) Connolley

Loretta Elford

Marie Everett

Tyronne Fisher

Bryan Leier

Bev Poitras

Gary Semenchuck

Alex Taylor

C.R.H. (Chuck) Ward

For biographical and contact information regarding the members of the Regina Qu'Appelle Regional Health Authority, visit our Web Site, rqhealth.ca, and see the Inside Story.

Senior Management Team

Dwight Nelson
President and Chief Executive Officer

Patrick Dumelie
Senior Vice President, Health Services

Dr. Brian Laursen
Senior Vice President, Medical Services

Dr. David Ahmed
Vice President, Medical Services

Donna Evans
Vice President, Operations Support

Carol Klassen
Vice President, Corporate Services

John Labatt
Vice President, Primary Health Care

Diane Larrivee
Vice President, Specialty Care

Jane Lindstrom
Vice President, Human Resources

Sue Neville
Vice President, Restorative and Continuing Care

Medical Advisory Committee

Dr. J.D. McHattie (Chairperson)
Dr. E. Alport
Dr. F.A. Bowen
Dr. E. Busse
Dr. G. Carson
Dr. N.G. Devitt
Dr. T. Diener
Dr. C. Ekong
Dr. M. Fink
Dr. A. Holmes
Dr. Denis Jones
Dr. J.H. Lombard
Dr. J.S. McMillan
Dr. D. Natarajan
Dr. M. Ogrady
Dr. D. Popkin
Dr. G. Sridhar
Dr. S. Suri
Dr. C. Talukdar
Dr. E. Tse
Dr. S. Van der Merve
Dr. G. White

Medical Staff Association

Dr. C. Ekong (President)
Dr. M. Fink
Dr. R.P. Knaus
Dr. E. Poon
Dr. G. Sridhar
Dr. E. Tse
Dr. C. Vuksic

Management Discussion and Analysis

Financial Analysis

The Regina Qu'Appelle Health Region continues to provide quality health services within available resources. As a provincial and community provider of a full range of quality health services, education and research, we managed the challenges and achieved success in 2004-2005 in meeting the diverse health needs of our communities through the strength of our people, partnerships and personal responsibility for health.

Meeting Commitments and Financial Obligations

The Regina Qu'Appelle Health Region achieved a balanced budget for 2004-2005, ending the year with an excess of revenue over expenditures of $1.4 million. This small surplus was achieved through significant efforts by our staff and physicians to align our human and financial resources with the strategic priorities of the Region and the accountabilities of the provincial government.

The Region continued to maintain quality health services and meet the financial challenges of rising costs by implementing some targeted spending reductions, as well as continued cost constraints throughout the year. Cost containment strategies resulted in staffing vacancies being managed and, where possible, deferral of expenditures. Service reviews were undertaken in several areas to confirm that programs were being operated at maximum efficiency and effectiveness. The Region is committed to wise stewardship and accountability for the people and resources entrusted to us.

Capital Commitments and Expenditures

The Region was pleased to receive $12.9 million from the provincial government as a result of First Ministers Funding. The majority of this revenue and associated commitments will carry-forward into 2005-2006 since this one-time funding was received in the last quarter of the fiscal year. The funding is enabling the Region to purchase needed equipment, including the addition of a second Magnetic Resonance Imaging (MRI) and upgrade to state of the art Computerized Tomography.

The Region also appreciates and relies on the partnerships with the Hospitals of Regina Foundation and the Community Trust Funds to provide significant donations for the purpose of purchasing equipment and contributing to the costs of building or upgrading facilities.

During 2004-2005, planning continued on the Moosomin Integrated Health Facility and the Centre for Mother/Baby Care at Regina General Hospital. This work will continue into 2005-2006. In addition, expansion of the Broadview Medical Clinic, approved this year, will be completed in 2005-2006, totally funded by the community.

Capital funding continues to be a challenge for the Region, both in terms of equipment and information technology and building infrastructure. The Region will continue to work with the provincial government to explore ways to increase funding to support these important investments.

Outlook for 2005-2006

The Region will continue to face service and financial challenges in 2005-2006. Health care expenses are increasing at a higher rate than the growth of the provincial economy. Planning for the future is increasing in importance in order to continue providing sustainable quality health services.

We are committed to moving forward on our strategic directions and meeting the Region's accountabilities under the provincial government's *Action Plan for Saskatchewan Health Care*. We plan to enhance key services to better meet public expectations related to Primary Health Care initiatives, Surgical Services and Diagnostic Imaging Services.

The commitment every day of the 7,500 people who work for and with us to provide the highest standards of care, and their passion for serving our patients, clients and residents, are what will make us successful in the year ahead.

Health Care Organizations and Other Third Party Relationships

The Regina Qu'Appelle Health Region contracts with a variety of organizations and the relationship between the Health Region and these entities is an important factor in the delivery of quality health care services.

The following is a list of the organizations that received funding through the Health Region in 2004-2005:

Autism Resource Centre Inc.
Backlin's Ambulance Services Ltd.
City of Regina Transit Department
Cosmopolitan Activity Centre
Cupar Lions Volunteer Ambulance
Extendicare (Canada) Inc.
Imperial & District Ambulance
JT Ambulance Service Ltd.
Living Sky Ambulance
Lumsden & Craven Seniors' Program Inc.
Mental Health Association/Regina Branch Inc.
Milestone Assisted Living Advisory Board
Mobile Crisis Services, Inc.
Phoenix Residential Society Inc.
Planned Parenthood Regina
Prairie Ambulance Care (1998) Ltd.
Rainbow Youth Centre Inc.
Raymore Community Health and Social Centre
Red Cross
Regina Recovery Homes Inc.
Salvation Army Waterston Centre
Soo Line Ambulance
615672 Sask Ltd. (Touchwood Ambulance)
University of Regina
Valley Ambulance Care Ltd.

An example of a contracted organization that assists the RQHR achieve expectations set out in the RQHR/Saskatchewan Health accountability document is Mobile Crisis Services, Inc. Mobile Crisis received $85,213 in funding from the Region in 2004-2005. The purpose of this grant is to provide after-hours crisis and support counseling services to persons in the Regina area who have mental health issues. These services include:

- direct telephone intervention;
- mobile response;
- crisis screening and support;
- suicide risk assessment;
- consultation with on-call psychiatrist; and
- consultation and referral to the RQHR's mental health crisis response and emergency service.

Health Care Organizations and Other Third Party Relationships

Mobile Crisis staff work closely with our mental health crisis response staff to ensure that appropriate help is always available. Last year 2,946 client contacts (16% of total contacts) involved people in crisis who were experiencing mental health issues. In 2003-2004, Mobile celebrated thirty years of providing crisis intervention services. The organization is credited for its excellent work within the community and strong partnerships within the network of social, health and police agencies. The RQHR provides one portion of the total funding of the organization.

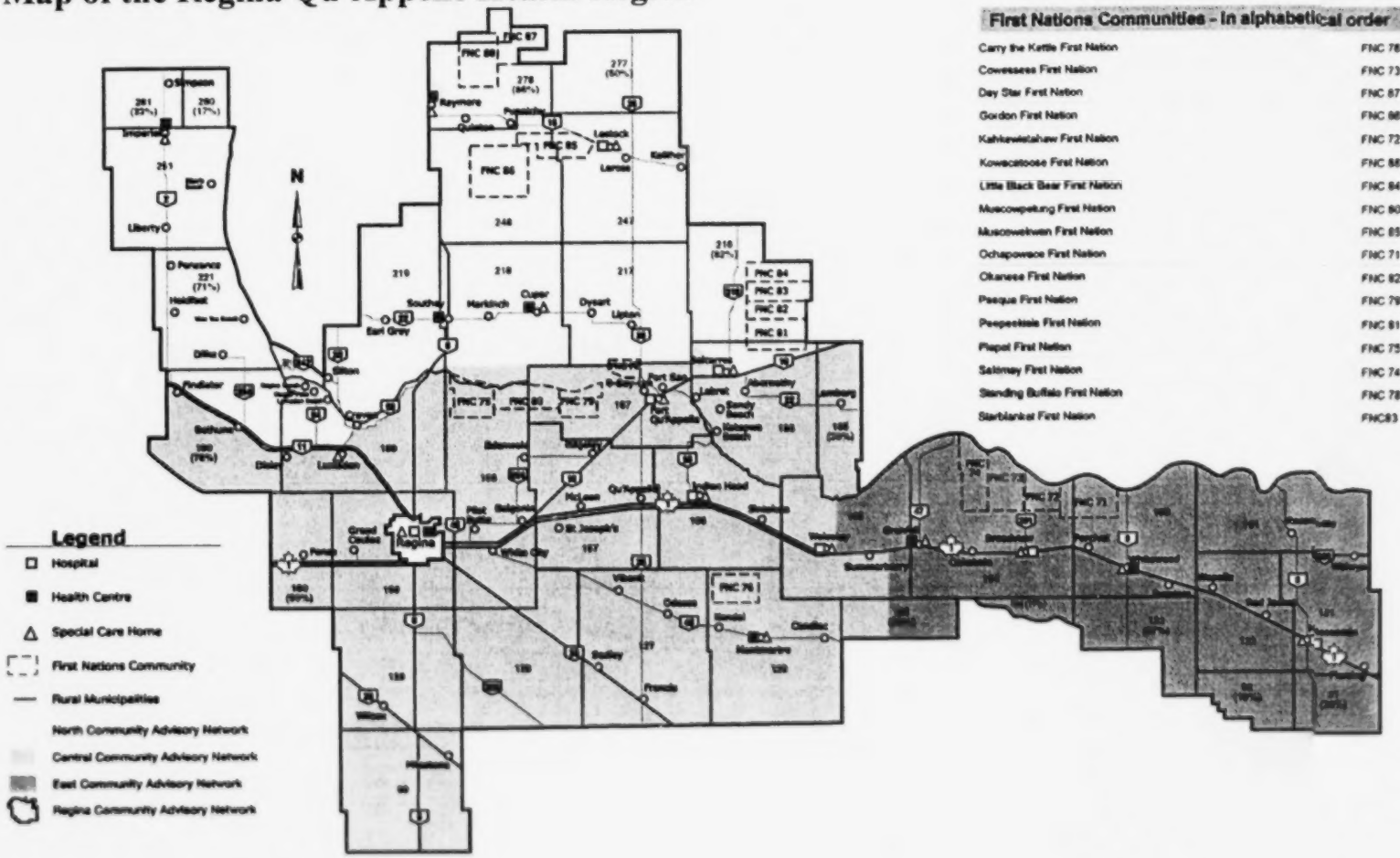
Regional Environmental Scan

The Regina Qu'Appelle Health Region is a tertiary care centre and provides specialized health services to approximately 465,000 residents of southern Saskatchewan, 245,800 of whom live within the boundaries of the RQHR. Almost 25 per cent of our population live in rural communities, 15 per cent are seniors and the growing First Nations population makes up eight per cent. The population will be relatively stable over the next 15 years with a predicted decline of 2.6 per cent.

To assist in developing and delivering programs and services that meet the needs of our clients, the Region collects information and conducts studies to identify key factors, population trends and socio-economic conditions. Every five years, Population and Public Health publishes a report on measures of population health, the *Health Status Report*.

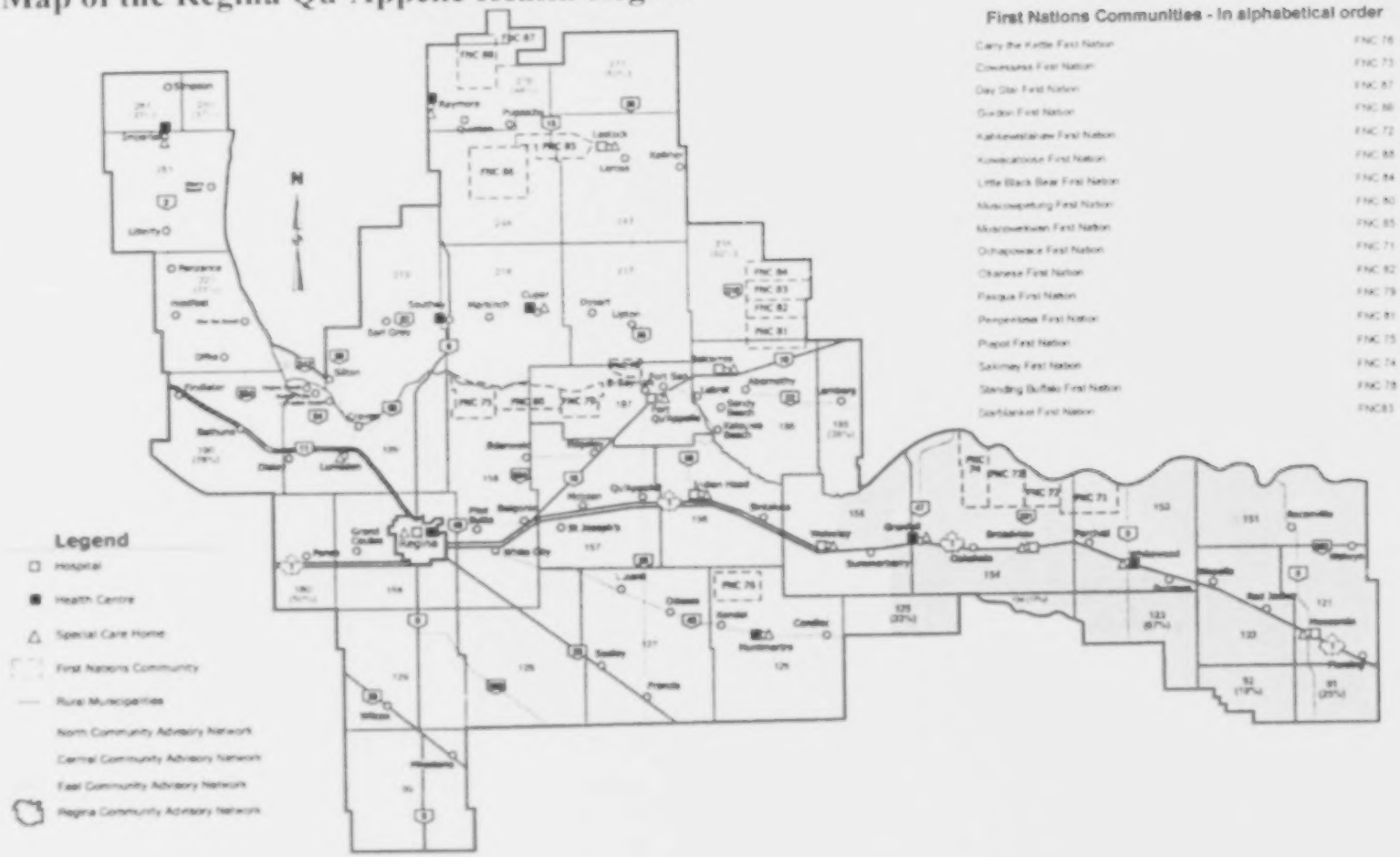
Because many of the factors that affect health status are non-medical, the Region works with community groups and other organizations to address a broad range of health-related matters. Examples of such partnerships include the Regina and Area Drug Strategy, KidsFirst and the Aboriginal Health Initiative.

Map of the Regina Qu'Appelle Health Region



First Nations Communities - In alphabetical order	
Carry the Kettle First Nation	FNC 76
Cowessess First Nation	FNC 73
Day Star First Nation	FNC 87
Gordon First Nation	FNC 86
Kahkewistahaw First Nation	FNC 72
Kawacatoose First Nation	FNC 88
Little Black Bear First Nation	FNC 84
Muscowpetung First Nation	FNC 90
Muscowetwin First Nation	FNC 85
Ochapowace First Nation	FNC 71
Okanese First Nation	FNC 82
Pasqua First Nation	FNC 79
Peepeekisis First Nation	FNC 81
Piapot First Nation	FNC 75
Sakimay First Nation	FNC 74
Standing Buffalo First Nation	FNC 78
Starblanket First Nation	FNC83

Map of the Regina Qu'Appelle Health Region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Muscowpetung First Nation FNC 80
Muscowetkwan First Nation FNC 85
Ochapowace First Nation FNC 71
Okanese First Nation FNC 82
Pasqua First Nation FNC 79
Peepeekisis First Nation FNC 81
Piapot First Nation FNC 75
Sakimay First Nation FNC 74
Standing Buffalo First Nation FNC 78
Starblanket First Nation FNC83
Legend
Hospital
Health Centre
Special Care Home
First Nations Community
Rural Municipalities
North Community Advisory Network
Central Community Advisory Network
East Community Advisory Network
Regina Community Advisory Network

Non-medical Health Indicators

Many factors other than a quality health care system affect the health of a population. To maintain and improve health, all these factors must be considered. Nine of these, known as the "determinants of health," are commonly accepted measures of population health. They are: income and social status; social support networks; education; employment and working conditions; biology and genetics; physical environment; personal health practices and coping skills; health services; healthy child development.

Medical Health Indicators

Infant Mortality Rate

Infant mortality is a well-established measure of child health and of a society's well-being. The Infant Mortality Rate (IMR) in RQHR has declined from more than 9/1,000 in 1998 to 6/1000 in 2001. Preventive care and the attention paid to maternal and newborn care contributed to this drop. Examples of programs and services that were part of this contribution are Population and Public Health Maternal & New Parents Programs (e.g., Healthiest Babies Possible; Prenatal Classes; Parenting Plus), the Primary Health Care initiative (e.g., Four Directions Community Health Centre; Al Ritchie Health Action Centre), community development initiatives, tobacco control and nutrition services (e.g., prenatal nutrition; food security).

The Working Towards Excellence Project identified infant mortality as a key issue on which to focus. As well, Population and Public Health Services will be working on improving infant mortality rates in 2005-2006.

Infant mortality is considered any death of an infant prior to his/her first birthday. Late term miscarriages and other fetal deaths (deaths prior to delivery of a live infant) are not reflected in the infant mortality rates. There were 87 infant deaths in the Regina Qu'Appelle Health Region for the period 1998-2002, for an infant mortality rate of 6.2 infant deaths per 1,000 live births.

Infant Mortality rate per 1,000 Live Births

Year	Rate
1998	9.5
1999	7.1
2000	8.6
2001	6.0
2002	4.2
1998-2002	6.2

Regional Environmental Scan

Non-medical Health Indicators

Many factors other than a quality health care system affect the health of a population. To maintain and improve health, all these factors must be considered. Nine of these, known as the "determinants of health," are commonly accepted measures of population health. They are: income and social status; social support networks; education; employment and working conditions; biology and genetics; physical environment; personal health practices and coping skills; health services; healthy child development.

Medical Health Indicators

Infant Mortality Rate

Infant mortality is a well-established measure of child health and of a society's well-being. The Infant Mortality Rate (IMR) in RQHR has declined from more than 9/1,000 in 1998 to 6/1000 in 2001. Preventive care and the attention paid to maternal and newborn care contributed to this drop. Examples of programs and services that were part of this contribution are Population and Public Health Maternal & New Parents Programs (e.g., Healthiest Babies Possible; Prenatal Classes; Parenting Plus), the Primary Health Care initiative (e.g., Four Directions Community Health Centre; Al Ritchie Health Action Centre), community development initiatives, tobacco control and nutrition services (e.g., prenatal nutrition; food security).

The Working Towards Excellence Project identified infant mortality as a key issue on which to focus. As well, Population and Public Health Services will be working on improving infant mortality rates in 2005-2006.

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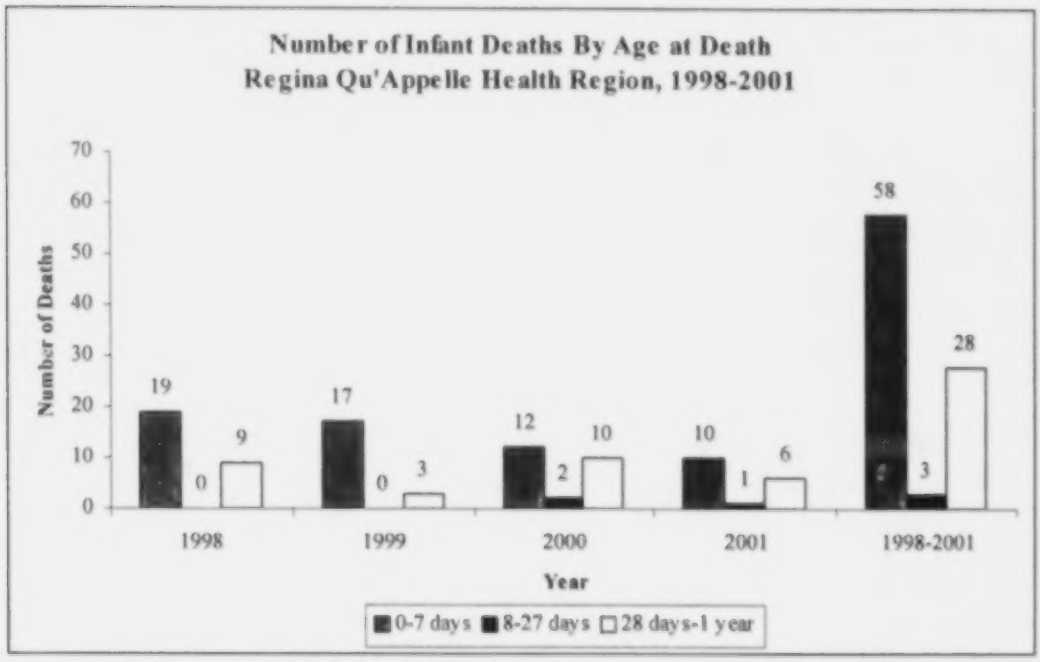
Infant Mortality rate per 1,000 Live Births	
Year	Rate
1998	9.1
1999	7.1
2000	6.5
2001	6.0
2002	4.2
1998-2002	6.2

Infant deaths are subdivided into the following age categories:

- Early neonatal (0-7 days)
- Late neonatal (8-27 days)
- Post neonatal (28 days-1 year)
- All infant deaths (<1 year)



Source: Saskatchewan Health, Vital Statistics

Life Expectancy

In Regina Qu'Appelle Health Region between 1997 and 2001, life expectancy at birth increased, from 75.2 to 76.4 for males, and from 81.2 to 81.9 for females. These figures are very close to those for Saskatchewan and Canada as a whole.

Life expectancy at age 65 years is an overall indicator of the effect of many different factors that influence death rates in older people. In the Regina Qu'Appelle Health Region, between 1997 and 2001, life expectancy at age 65 years increased from 16.4 to 17.1 years for males, and from 20.5 to 21.0 years in females. Although women who have reached the age of 65 can still expect to live longer than men of the same age, the difference is less than the difference between the sexes for life expectancy at birth. This reflects the fact that males are at greater risk than females of dying before they reach the age of 65, primarily from injury, suicide and cardiovascular disease.

Life Expectancy at Birth by Sex, three-year average Regina Qu'Appelle Health Region, 1997 and 2001				
	Age Group	**Sex**	**1997**	**2001**
Regina Qu'Appelle Health Region	At birth	Both sexes	78.2	79.2
		Males	75.2	76.4
		Females	81.2	81.9
Saskatchewan	At birth	Both sexes	78.5	79.0
		Males	75.6	76.2
		Females	81.4	81.8
Canada	At birth	Both sexes	78.5	79.5
		Males	75.7	77.0
		Females	81.3	82.0

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demographic Division

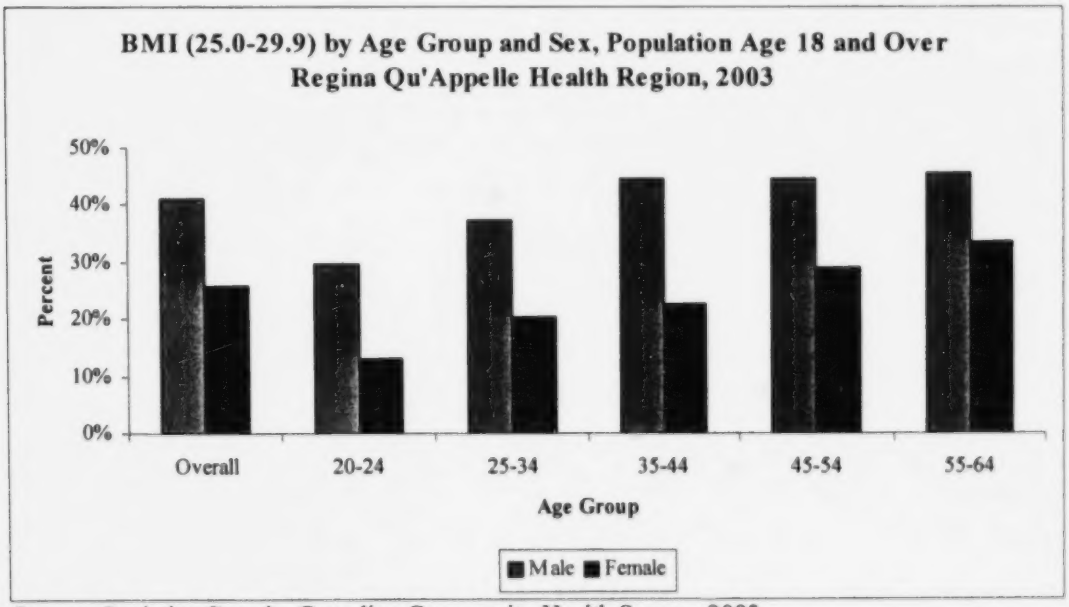
Life Expectancy at Age 65 by Sex, three-year average Regina Qu'Appelle Health Region, 1997 and 2001				
	Age Group	**Sex**	**1997**	**2001**
Regina Qu'Appelle Health Region	At birth	Both sexes	18.6	19.1
		Males	16.4	17.1
		Females	20.5	21.0
Saskatchewan	At birth	Both sexes	18.7	19.0
		Males	16.6	16.9
		Females	20.7	20.9
Canada	At birth	Both sexes	18.2	18.8
		Males	16.2	17.0
		Females	20.0	20.5

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demographic Division

Percentage of population who are overweight or obese

The most recent data based on self-reported height and weight comes from the 2003 Canadian Community Health Survey (CCHS). Self-reported measurements of height and weight were used as the basis for allocating Body Mass Index (BMI). From this survey, 17.1 of the Regina Qu'Appelle Health Region residents 18 years of age or older are estimated to be obese (17.4% males and 17.1% females with Body Mass Index of 30 or over). A further 36.7% of the Regina Qu'Appelle Health Region adults 18 years and over were estimated to be overweight (43% of men and 30.5% of women with a Body mass Index of 25 or more but less than 30). Estimate based on BMI from the 2003 Canadian Community Health Survey show that men are more likely than women to be overweight, although the rates for obesity are similar in both sexes. The prevalence of obesity was highest in 45-64 year age group.

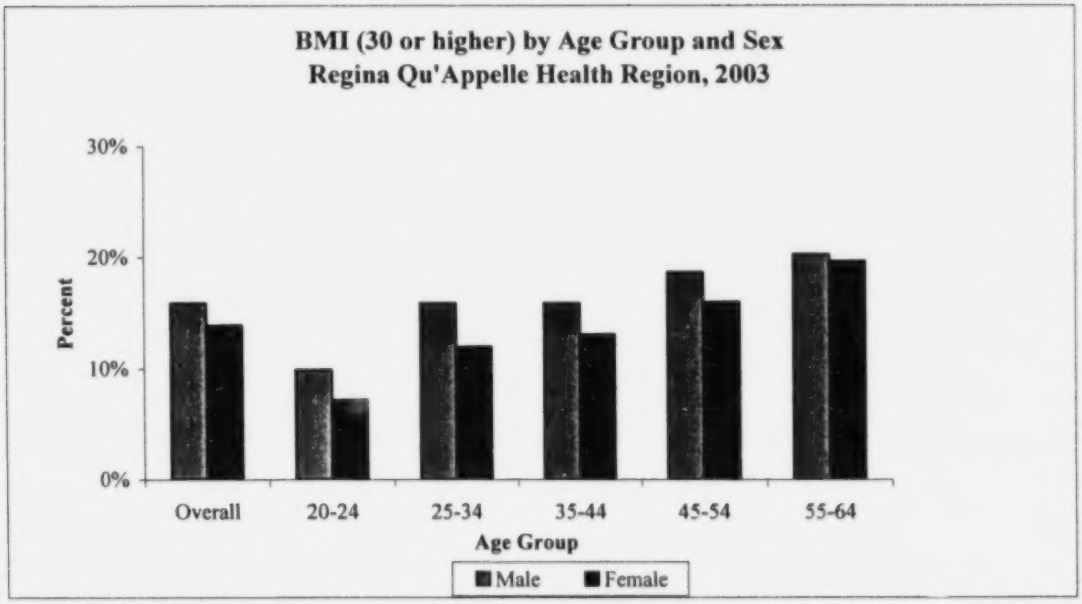
Population Overweight but Not Obese



Source: Statistics Canada, Canadian Community Health Survey, 2003

Regional Environmental Scan

Population Obesity



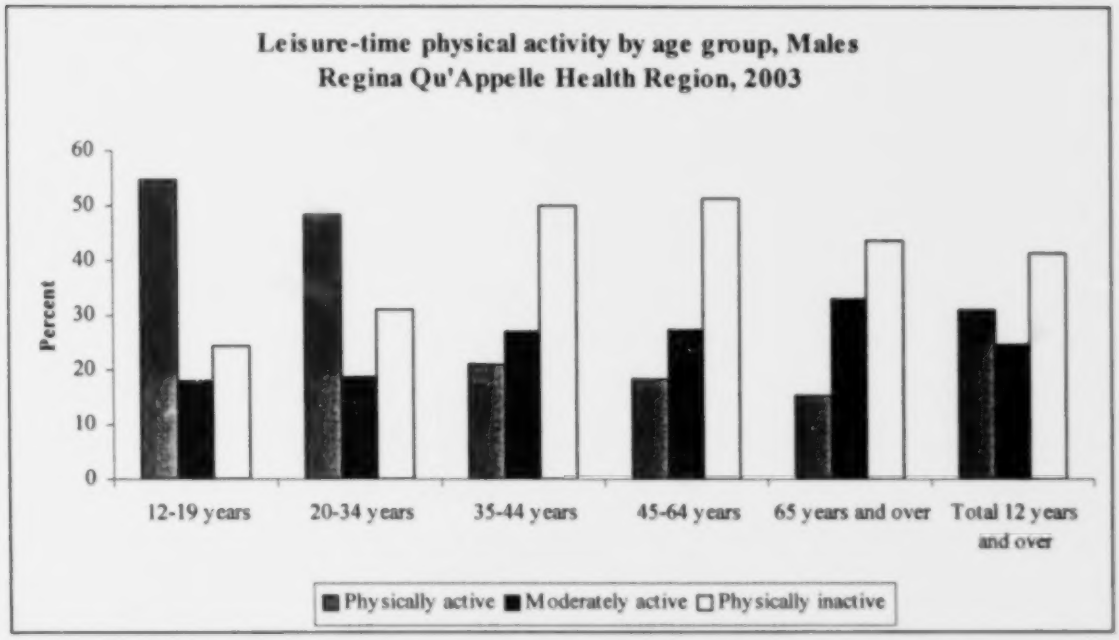
Source: Statistics Canada, Canadian Community Health Survey, 2003

Participation in Physical Activity

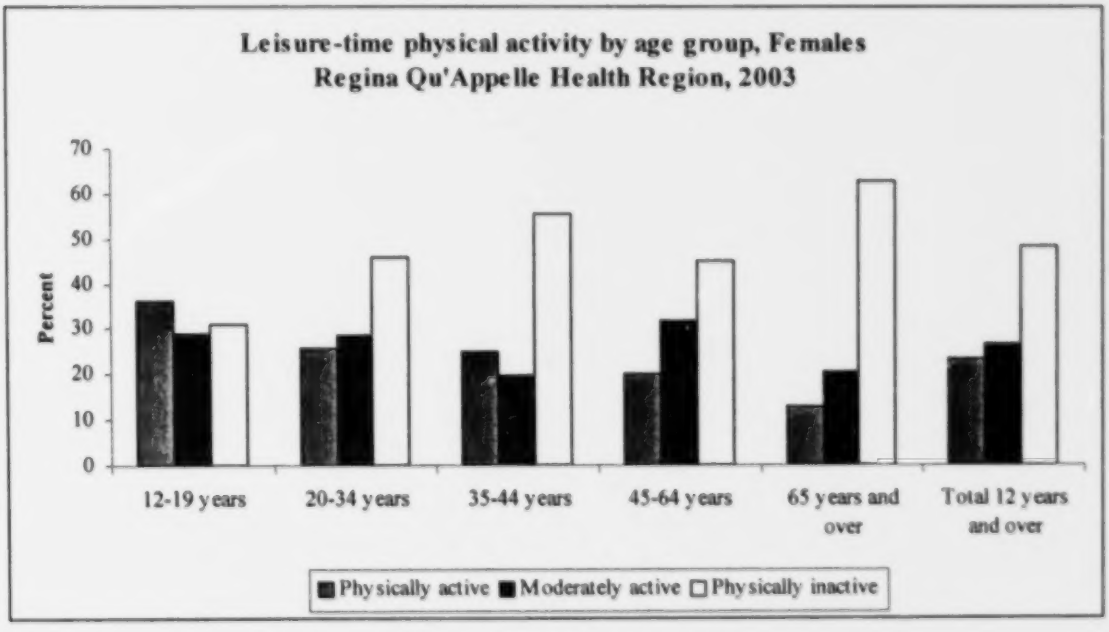
In 2003, 52.5% of Regina Qu'Appelle Health Region respondents in the Canadian Community Health Survey aged 12 years and over reported they were active or moderately active. More males (55.6%) than females (49.6%) reported they were active or moderately active.

Active or moderately active leisure-time physical activity was most frequently reported by males (72.7%) and females (65.0%) aged 12-19 years, and least frequently reported by males aged 35-44 years (48.1%) and females aged 65 years and over (33.3%).

Forty-five per cent of Regina Qu'Appelle Health Region respondents aged 12 years and over reported they did not undertake leisure-time physical activity at the levels recommended to achieve health benefits. More women (48.4%) than men (41.4%) reported that they were 'physically inactive.'



Source: Statistics Canada, Canadian Community Health Survey, 2003



Source: Statistics Canada, Canadian Community Health Survey, 2003

Regional Environmental Scan

Smoking Rates

Estimates from the Canadian Community Health Survey 2003 indicate that about 49,000 Regina Qu'Appelle Health Region residents aged 12 years and over are current daily or occasional smokers. Current smokers are those who smoke on either a daily or an occasional basis. Daily smokers are those who reported smoking cigarettes every day. Overall, 25.6% of males and 22.9% of females aged 12 years and over were current daily or occasional smokers. The proportion of current daily or occasional smokers was greater for males than females in three of five age groups.

Smoking status (percent), by age group, household population aged 12 years and over, Regina Qu'Appelle Health Region, Both sexes

Characteristics	Total 12 Years and over	12-19 years	20-34 years	35-44 years	45-64 years	65 years and over
Current daily or occasional smoker	24.2	15.3	35.3	32.4	21.5	9.6
Former smoker	38.5	13.2	30.6	33.4	51.2	56.9
Never smoked	36.9	69.8	34.1	34.2	27.3	32.6

Source: Statistics Canada, Canadian Community Health Survey, 2003

Smoking status (per cent), by age group, household population aged 12 years and over, Regina Qu'Appelle Health Region, Males

Characteristics	Total 12 Years and over	12-19 years	20-34 years	35-44 years	45-64 years	65 years and over
Current daily or occasional smoker	25.6	12.4	42.1	37.3	17.5	10.2
Former smoker	42.6	17.5	29.2	32.1	58.0	76.8
Never smoked	31.5	67.6	28.7	30.6	24.5	12.9

Source: Statistics Canada, Canadian Community Health Survey, 2003

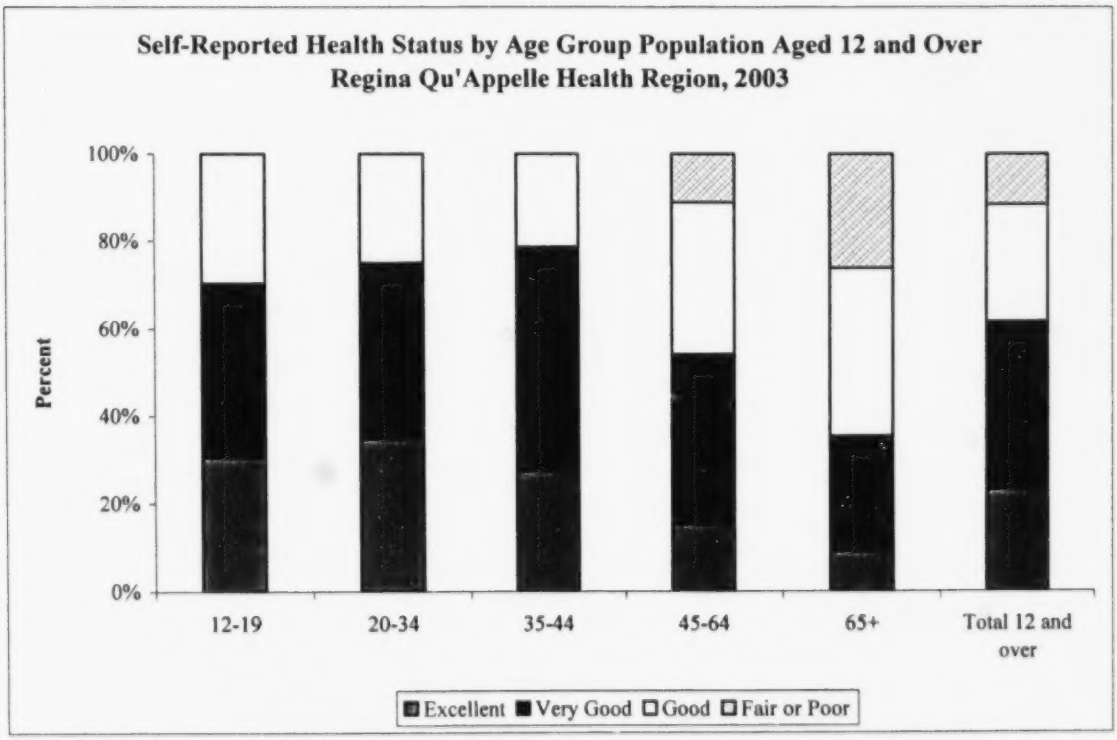
Smoking status (percent), by age group, household population aged 12 years and over, Regina Qu'Appelle Health Region, Females

Characteristics	Total 12 Years and over	12-19 years	20-34 years	35-44 years	45-64 years	65 years and over
Current daily or occasional smoker	22.9	18.4	28.8	27.4	25.3	9.0
Former smoker	34.6	-	31.8	34.7	44.6	42.0
Never smoked	42.1	72.2	39.4	38	30.0	47.4

Source: Statistics Canada, Canadian Community Health Survey, 2003

Self-Rated Health Status

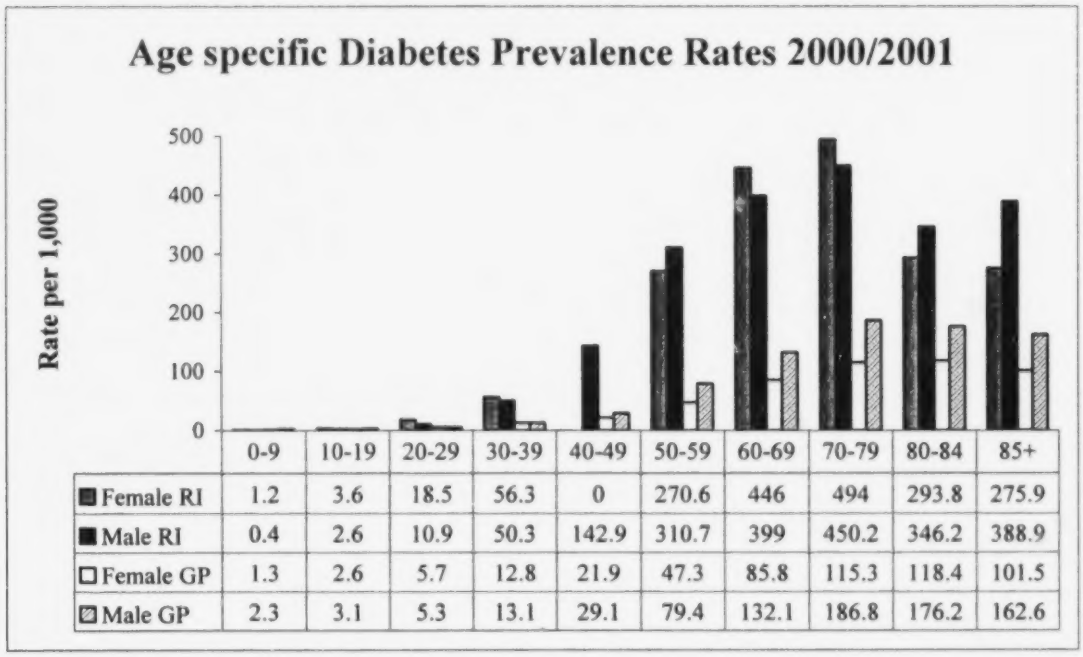
According to the Canadian Community Health Survey, 2003, the great majority of the Regina Qu'Appelle Health Region residents aged 12 years and over considered themselves to be in good health, 23% rating their health as excellent, 38.5% as very good and 26.8% as good. The overall distribution of responses differed by age group.



Source: Statistics Canada, Canadian Community Health Survey, 2003

Age-Adjusted Diabetes Prevalence Rate

In 2001, the Regina Qu'Appelle Health Region had an age-sex adjusted diabetes prevalence rate of 38.9 cases per thousand. This rate was below the provincial rate of 41.3 cases per thousand.



	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-84	85+
Female RI	1.2	3.6	18.5	56.3	0	270.6	446	494	293.8	275.9
Male RI	0.4	2.6	10.9	50.3	142.9	310.7	399	450.2	346.2	388.9
Female GP	1.3	2.6	5.7	12.8	21.9	47.3	85.8	115.3	118.4	101.5
Male GP	2.3	3.1	5.3	13.1	29.1	79.4	132.1	186.8	176.2	162.6

RI= Registered Indian GP= General Population
Source: Population Health Services and Public Health Services Branch, Saskatchewan Health

Self-Reported Diabetes Rates

Self-reported diabetes is defined as any Canadian Community Health Survey, 2003, respondent who answered 'yes' to the question about diabetes. In 2003, of the total population (200,832), there were 6,654 cases of self-reported diabetes. Male respondents had a prevalence rate of 35.85, females 30.55 and the total population 33.13 (all rates are per 1000 population). Male respondents had a higher prevalence of self-reported diabetes than the female respondents. This is consistent with the provincial self-reported statistics showing higher prevalence among males in Saskatchewan.

Regional Environmental Scan

Injury Hospitalization Rates

During 2003-2004, 767 children aged 0 to 19 years were admitted to Regina Qu'Appelle Health Region hospitals for treatment of injuries. Of the 767 injury hospitalizations, 667 resulted from unintentional injuries (e.g., motor vehicle traffic accidents). Age-specific hospitalization rates for males 0 to 19 years (13.9 hospitalized per 1,000 covered population) were higher than females (9.4 hospitalized per 1,000 covered population). Males had a higher hospitalization rate than females for intentional injuries inflicted by another person and for transportation and drowning as external causes for hospital admission. The rate for intentional self-inflicted injury was higher among females.

A Continuum of Care

A Diverse Range of Services

As a tertiary care centre, the Regina Qu'Appelle Health Region provides specialized health care services to clients living in southern Saskatchewan and beyond.

The RQHR is one of the most integrated health delivery agencies in the country. We offer a full range of hospital, rehabilitation, community and public health, long term care and home care services. These integrated services are offered in the areas of community services, rehabilitation and acute care.

Community Services

Community-delivered services are a vital component of an integrated health care system. Community services, in conjunction with acute care and rehabilitation services, provide a complete health care program for residents of the Regina Qu'Appelle Health Region. These services include:

- Mental Health and Addictions Services
- Emergency Medical Services
- Hearing Aid Plan
- Home Care Services
- Long Term Care Services
- Native Health Services
- Population and Public Health Services

The Regina Qu'Appelle Health Region has community health centres that provide outreach, health promotion and education services throughout the Region. These centres include:

- Al Ritchie Health Action Centre (Regina)
- Cupar Health Centre
- Fort Qu'Appelle Community Health Services Centre
- Four Directions Community Health Centre (Regina)
- Grenfell Health Centre

A Continuum of Care

- Long Lake Valley Integrated Facility (Imperial)
- Montmartre Health Centre
- Raymore Community Health and Social Centre (affiliate)
- Southey Health Action Centre
- Whitewood Community Health Centre

Long Term Care in the Regina Qu'Appelle Health Region is provided by Region-owned and operated facilities and through affiliates contracted to the Region. These include:

- All Nations Healing Hospital (Fort Qu'Appelle) (affiliate)
- Balcarres Integrated Care Centre
- Broadview and District Centennial Lodge
- Cupar and District Nursing Home (affiliate)
- Eastern Saskatchewan Pioneer Lodge (Moosomin)
- Echo Lodge (Fort Qu'Appelle)
- Extendicare (Elmview, Parkside and Sunset) (Regina) (affiliates)
- Golden Prairie Home (Indian Head)
- Grenfell Pioneer Home
- Lakeside Home (Wolseley)
- Long Lake Valley Integrated Facility (Imperial)
- Lumsden and District Heritage Home (affiliate)
- Monmartre Health Centre
- Qu'Appelle House (Regina) (affiliate)
- Regina Lutheran Home (affiliate)
- Regina Pioneer Village (affiliate)
- Santa Maria Senior Citizens Home (affiliate)
- Silver Height Special Care Home (Raymore)
- Wascana Rehabilitation Centre
- Whitewood Community Health Centre
- William Booth Special care Home (Regina) (affiliate)

A Continuum of Care

Hospital Care

Within the Region are two Provincial hospitals – the Regina General Hospital and Pasqua Hospital. These hospitals serve the residents of southern Saskatchewan by providing a wide range of acute care as well as specialized services.

Hospital services include:

- Ambulatory Care Services
- Cardiosciences
- Critical Care Services
- Diagnostic Imaging Services
- Emergency Care Services
- Family Medicine
- Gastroenterology and Hepatology
- Gynecology/Urology
- Internal Medicine
- Laboratory Services
- Neurosciences
- Oncology
- Orthopedics
- Palliative Care Services
- Pharmaceutical Services
- Psychiatry
- Pulmonary Function
- Renal Care
- Respiratory Care Services
- Sleep Disorders Program
- Surgical Care Services
- SWADD (System Wide Admission/Discharge Department)
- Therapy Services
    - Occupational Therapy

A Continuum of Care

- Physical Therapy
- Speech Therapy

- Women's and Children's Health
  - Neonatal Intensive Care
  - Obstetrics
  - Pediatric Services

The Region also has seven community hospitals that provide hospital care:

- All Nations Healing Hospital (Fort Qu'Appelle) (affiliate)
- Balcarres Integrated Care Centre
- Broadview Hospital
- Indian Head Hospital
- Moosomin Hospital
- St. Joseph's Integrated Care Centre (Lestock)
- Wolseley Memorial Union Hospital

A Continuum of Care

Hospital Care

	2002-2003	2003-2004	**2004-2005**
Admissions	33,788	34,445	**33,568**
Average Daily Census	573	612	**579.9**
Average Length of Stay (days)	6.40	6.27	**6.96**
Births/Newborns Admissions	2,934	3,082	**2,877**
Emergency Visits	93,197	97,772	**100,488**
Radiology Examinations	141,777	142,083	**141,995**
CT Scanner Examinations	35,215	43,108	**43,885**
Nuclear Medicine Procedures	12,446	12,759	**12,065**
Physical Therapy Visits	87,282	83,431	**92,312**
Occupational Therapy Visits	14,143	13,557	**16,006**
Outpatient Registrations	219,181	275,497	**269,730**

Figures for 2002-2003 are for the former Regina Health District only.

Acute Care Surgery

	2002-2003	2003-2004	**2004-2005**
Total Number of Patients on Surgical Wait List	11,091	11,824	**10,946**
Pre-Admission Clinic Visits	6,516	6,872	**6,947**
Inpatient Surgery - day of admission	4,377	4,780	**4,658**
Inpatient Surgery – non-day of admission	3,988	5,783	**4,972**
Outpatient Surgery – operating room	11,493	9,773	**9,082**
Outpatient Surgery – Hospital Clinic	15,155	16,217	**16,627**
Total Surgeries	35,016	36,553	**35,339**

Figures for 2002-2003 are for the former Regina Health District only.

Laboratory Services

	2002-2003	2003-2004	**2004-2005**
Laboratory Units	19,794,878	24,961,062	**21,537,700**

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Figures for 2003-2004 are for the former Regina and Pipestone health districts.

A Continuum of Care

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A Continuum of Care

Rehabilitation Services

Rehabilitation Services programs are offered throughout the Region. These programs are designed to help children and adults who have been ill or in an accident regain their quality of life. These services include:

- Acquired Brain Injury Outreach
- Adult Rehabilitation Program
- Children's Program
- Functional Rehabilitation Program
- Prosthetics/Orthotics

A Continuum of Care

Regina Emergency Medical Services

	2002-2003	2003-2004	2004-2005
Rural Responses	485	562	567
Out-of-Region	91	115	106
Interfacility	2,813	2,598	2,871
Urban Responses	10,829	11,524	11,405
No–Transport Calls	3,587	4,188	4,066
Total Calls	17,805	18,987	19,015

Regina EMS was 91% compliant to responding to emergency situations in under 8:59 minutes in 2004/2005. The National standard for major urban centres is a compliance rate of 90%.

Home Care

	2002-2003	2003-2004	2004-2005
Admissions	5,174	6,298	6,827
Nursing Hours	78,824	85,169	79,244
Number of Meals	37,724	52,977	48,577
Occupational Therapy Hours	5,597	6,037	5,644
Physical Therapy Hours	6,072	6,405	6,477
Support Hours	7,986	7,423	6,549
Social Work Hours	4,160	3,607	4,118
Volunteer Services – Hours	11,798	9,344	9,630

Figures for 2002-2003 are for the former Regina Health District only.

Immunization

	2002-2003	2003-2004	2004-2005
Number of Doses – Child Health Clinics	13,946	18,572	19,144
Number of School Children Immunized in School	11,150	12,070	12,537
Adult Doses – Clinic Visits	n/a	n/a	1,787
Influenza Coverage Rates – People over 65 years	65.6%	70%	71%
Travel Clinic	6,212	7,540	9,244

Service Access Guide

The Regina Qu'Appelle Health Region publishes a Service Access Guide as part of both the Regina and Regina District SaskTel Phonebooks. This Guide is the "Green Pages" section, which immediately follows the blue pages of government listings. The inside outlines the institutional and community programs and services provided by the Region and lists important contact information. Further information about what the Region offers is available through our Web site at www.rqhealth.ca.

Long Term Care Clients in Hospital Awaiting Placement

	2002-2003	2003-2004	2004-2005
April	33	8	
May	35	5	
June	30	16	
July	33	18	
August	25	25	
September	26	27	
October	24	24	
November	15	20	
December	11	11	
January	14	12	
February	0	11	
March	4	17	

Concerns Registered with Client Representative

	2001-2002	2002-2003	2003-2004
Number of Concerns	647	978	
Percentage of Acute Care Patients registering a concern	2.23	2.84	
Average time to resolve all concerns (days)	12.0	11.6	
Average time to resolve non-complex concerns (days)	4.3	4.0	

A Continuum of Care

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August	25	25	**15**
September	26	27	**10**
October	24	24	**14**
November	15	20	**16**
December	11	11	**19**
January	14	12	**25**
February	0	11	**26**
March	4	17	**17**

Concerns Registered with Client Representative

	2001-2002	2002-2003	**2003-2004**
Number of Concerns	647	978	**1,089**
Percentage of Acute Care Patients registering a concern	2.23	2.84	**3.24**
Average time to resolve all concerns (days)	12.0	11.6	**8.35**
Average time to resolve non-complex concerns (days)	4.3	4.0	**3.65**

A Continuum of Care

Regina Qu'Appelle Health Region or its affiliates provide care or administer services from the following sites.

Regina Facilities

Location	Site	Gross Sq. Ft.	Lease/Own
325 Victoria Ave.	Al Ritchie Health Action Centre	2,080	Lease
2110 Hamilton Street	Alcohol & Drug Services, I.T., Mental Health -Adult, Public Health Central	60,888	Lease
1650 Sask. Drive Box 3930	Emergency Medical Services – Central	4,500	Own
5730 Rochdale Blvd. Box 3930	Emergency Medical Services – North	1,000	Own
3705 Hill Ave. Box 3930	Emergency Medical Services – South	2,800	Own
500 Arcola Ave.	Emergency Medical Services - Storage Building	2,992	Lease
3510 – 5th Ave.	Four Directions Community Health Centre	5,202	Lease
1048 Albert Street	Harm Reduction Program	1,962	Lease
2755 Avonhurst Dr.	HealthLine (Emergency Medical Services)	8,606	Lease
2755 Avonhurst Dr.	RQHR Warehouse	8,297	Lease
1920 Broad Street	Hearing Aid Plan	6,300	Lease
4211 Albert Street	Home Care / SWADD / Aboriginal Health / Quality Imp. / Central Sched.	25,667	Lease
1692 Albert Street	Kinship Centre (Mental Health Services)	4,000	Lease
1001 Montreal Street	Laundry Services	40,000	Own
1601 College Ave.	Mental Health Services - Child & Youth	14,768	Lease
4101 Dewdney Avenue	Pasqua Hospital	597,578	Own
1911 Park Street	Public Health - East Office	5,570	Lease
204 Wascana Street	Public Health – North Office	7,246	Own
1440 – 14th Avenue	Regina General Hospital	1,028,489	Own
2180 – 23rd Avenue	Wascana Rehabilitation Centre	485,070	Own
	Total Gross Feet, Regina Facilities	**2,313,015**	

Affiliates:

Location	Site	Gross Sq. Ft.	Lease/Own
Fort Qu'Appelle	All Nations Healing Hospital	56,901	n/a
Box 310, Cupar	Cupar & District Nursing Home	19,371	n/a
4125 Rae St., Regina	Extendicare Elmview	18,500	n/a
4540 Rae St., Regina	Extendicare Parkside	56,259	n/a
260 Sunset Dr., Regina	Extendicare Sunset	40,000	n/a
Lumsden	Lumsden & District Heritage Home	20,000	n/a
1425 College Ave., Regina	Qu'Appelle House	info. not avail.	n/a
1925 - 5th Ave. N., Regina	Regina Lutheran Home	50,452	n/a
430 Pioneer Dr., Regina	Regina Pioneer Village	163,608	n/a
4215 Regina Ave., Regina	Santa Maria Senior Citizens Home	107,185	n/a
50 Angus Rd.	William Booth Special Care Home	46,632	n/a
	Total Gross Feet, Affiliates	**578,908**	

A Continuum of Care

Rural Facilities

Location	Site	Gross Sq. Ft.	Lease/Own
100 South Elgin St., Balcarres	Balcarres Integrated Care Centre	15,543	Own
606 Main St., Broadview	Broadview / Whitewood Home Care	1,259	Own
Calgary St., Broadview	Broadview Centennial Lodge	18,998	Own
901 Nina St., Broadview	Broadview Union Hospital	17,136	Own
Box 100, Cupar, SK	Cupar Health Centre	13,608	Own
356 Windover Ave., Moosomin	Eastern Sask. Pioneer Lodge	6,956	Own
433 Windover Ave., Moosomin	Eastern Sask. Pioneer Nursing Home	15,436	Own
Box 1790, Ft. Qu'Appelle	Echo Lodge	21,128	Own
916 Eden St., Indian Head	Golden Prairie Home	23,272	Own
721 Stella St., Grenfell	Grenfell Health Centre	119,020	Own
Regina Ave., Grenfell	Grenfell Housing Units (4 duplexes)	3,627	Own
802 Wolseley Ave., Box 970	Grenfell Regional Office	3,150	Own
300 Hospital St., Indian Head	Indian Head Union Hospital	20,775	Own
Ouimet St., Wolseley	Lakeside Nursing Home	49,245	SPM Lease
Box 180, Imperial, SK	Long Lake Valley Integrated Facility	20,325	Own
237 – 2nd Ave. E., Montmartre	Montmartre Health Centre	20,032	Own
Windover and Broadway	Moosomin Housing Units (8 duplexes, 1 four-plex)	12,250	Own
Moosomin	Moosomin Public Health	1,642	Own
320 Gertie St., Moosomin	Moosomin Union Hospital	42,690	Own
710 Regina Ave., Grenfell	Pioneer Home	17,997	Own
Box 549, Raymore	Silver Heights Special Care Home	28,000	Own
280 Burns Ave., Box 519	Southey Health Action Centre	200	Lease
Box 280, Lestock	St. Joseph's Integrated Care Centre	14,338	Own
178 Boundary Ave.N.,Box 1819	Touchwood/Qu'Appelle District Health Centre	8,400	Own
South Railway, Wapella	Wapella Clinic Building	803	Own
921 Gambetta St., Whitewood	Whitewood Community Health Centre	16,856	Own
Ouimet St., Wolseley	Wolseley Memorial Union Hospital	13,616	Own
	Total Gross Feet, Rural Facilities	**526,302**	

A Continuum of Care

Regina Qu'Appelle Health Region or its affiliates provide care or administer services from the following sites.

Regina Facilities

Location	Site	Gross Sq. Ft.	Lease/Own
325 Victoria Ave.	Al Ritchie Health Action Centre	2,080	Lease
2110 Hamilton Street	Alcohol & Drug Services, I.T., Mental Health -Adult, Public Health Central	60,888	Lease
1650 Sask. Drive Box 3930	Emergency Medical Services – Central	4,500	Own
5730 Rochdale Blvd. Box 3930	Emergency Medical Services – North	1,000	Own
3705 Hill Ave. Box 3930	Emergency Medical Services – South	2,800	Own
500 Arcola Ave.	Emergency Medical Services - Storage Building	2,992	Lease
3510 – 5th Ave.	Four Directions Community Health Centre	5,202	Lease
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1001 Montreal Street	Laundry Services	40,000	Own
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1440 – 14th Avenue	Regina General Hospital	1,028,489	Own
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Affiliates:

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	Total Gross Feet, Rural Facilities	**526,302**	

Staffing

Regina Qu'Appelle Health Region Employees (full-time equivalent positions)

	2002-2003	2003-2004	2004-2005
Support Staff*	2,458.27	2,500.34	2,537.27
Nursing	1,872.77	1,926.01	1,949.51
Other professionals	547.60	610.90	630.6
Technical*	467.63	485.76	466.5
Management Staff	237.55	253.86	257.87
Physicians	55.04	55.55	54.44
Total	5,638.86	5,832.42	5,896.19

*Some of the changes in these categories are a result of reclassification of some positions.
Unionized workers make up approximately 92 per cent of the RQHR workforce. Non-unionized, non-supervisory staff comprise three per cent, managers make up four per cent and staff physicians are slightly below one per cent.

Total Sick Leave by Union Affiliation 2004-2005

Union Affiliation	# of hours paid out	Average # of hours per employee (full-time equivalent positions)
CUPE	340,002	93
HSAS	37,031	66
OOS	21,256	45
RWDSU	6,432	99
SUN	158,297	97

Employees of Affiliated Special Care Homes (full-time equivalent positions)

	2002-2003	2003-2004	2004-2005
Support Staff	1,096.95	1,108.56	1,103.47
Nursing	169.20	173.54	177.31
Management Staff	47.49	47.69	47.83
Other Professionals	25.23	25.26	25.25
TOTAL	1,338.87	1,355.05	1,353.86

Staffing

Regina Qu'Appelle Health Region Medical Staff

	2002	2003	2004
Associate	68	51	35
Active	347	374	377
Regional Affiliates	52	58	57
Visiting Consultants	27	28	23
Locums	1	3	0
TOTAL	**495**	**514**	492

Figures for 2002 are for the Regina Health District only.

Regina Qu'Appelle Health Region Medical Staff Turnover

	2002	2003	2004
New Appointments (does not include locums)	50	49	23
Resignations	16	7	18
Retired	3	7	3
Net Increase	**31**	**35**	2

Staffing

Regina Qu'Appelle Health Region Employees (full-time equivalent positions)

	2002-2003	2003-2004	2004-2005
Support Staff *	2,458.27	2,500.34	**2,537.27**
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Management Staff	47.49	47.69	**47.69**
Other Professionals	25.23	25.26	**25.26**
TOTAL	1,339.07	1,355.05	**1,354.08**

Staffing

Regina Qu'Appelle Health Region Medical Staff

	2002	2003	2004
Associate	68	51	**35**
Active	347	374	**377**
Regional Affiliates	52	58	**51**
Visiting Consultants	27	28	**23**
Locums	1	3	**6**
TOTAL	**495**	**514**	**492**

Figures for 2002 are for the Regina Health District only

Regina Qu'Appelle Health Region Medical Staff Turnover

	2002	2003	2004
New Appointments (does not include locums)	50	49	**26**
Resignations	16	7	**18**
Retired	3	7	**3**
Net Increase	**31**	**35**	**5**

Initiatives, Accomplishments, Challenges and Future Directions

Since its formation in 2002, the Regina Qu'Appelle Health Region has adopted a strategic framework that lays out the Region's Vision, Mission and Values, and used those values as direction for the development of an operating plan. The Region's Operating Plan, 2004-2009, has seven Strategic Themes and 28 objectives.

RQHR's Strategic Themes relate to the Government of Saskatchewan's Provincial Health Goals. The following chart illustrates the relationship between the Government of Saskatchewan goals and RQHR's Strategic Themes.

Provincial Goals and Regina Qu'Appelle Health Region Strategic Themes

Provincial Health Goals

Improved Access to Quality Health Services	**Effective Health Promotion and Disease Prevention**	**Retain, Recruit and Train Health Providers**	**A Sustainable Efficient Accountable Quality Health System**

Regina Qu'Appelle Health Region Strategic Themes

Specialized Services Strengthen RQHR as a provincial resource and referral centre through determination of services best delivered in Saskatchewan and in western Canada.	**Aboriginal Health** Improve the health status outcomes of Aboriginal people through collaboration.	**Positive, Innovative Work Environment** Personal pride and accountability that is respectful of all relationships.	**Sustainable Quality Service** Effective service delivery within available resources.
Knowledge, Teaching and Research Grow as an academic health services organization that supports, creates and applies knowledge.	**Primary Health Care** Improve health status through supporting individuals and communities in responsibility for their own health through service redesign.		**Client and Public Confidence** Knowledge and trust that health services are appropriate and meet individual and community needs.

Initiatives, Accomplishments, Challenges and Future Directions

Regional Operating Plan

The Regina Qu'Appelle Health Region Operating Plan, 2004-2009, is the map that will lead us to our Vision, and our preferred future as a health care organization.

The Operating Plan lays out the steps the RQHR is going to take to achieve its seven Strategic Themes. There are 28 objectives that support the Strategic Themes. The Region has consciously selected these objectives to focus its efforts and resources. They will propel the organization forward on its journey to becoming the health care provider it has envisioned in its Mission. To achieve each of the objectives, there are specific program initiatives that will be undertaken by various areas of the Region.

As each year passes, the objectives may change as program initiatives are completed and goals are achieved. But what will remain constant are our Values, especially our People and Leadership Philosophies.

In the following pages there are examples of our initiatives and accomplishments for 2004-2005, the challenges we will face, and our plans for 2005-2006. These are organized according to strategic theme.

The Strategic Themes and supporting objectives are:

Strategic Theme 1 – Sustainable Quality Service
Effective service delivery within available resources.

Objectives

1. Develop and implement quality improvement strategy.
2. Align service delivery with available resources.
3. Asset and infrastructure redevelopment plan.
4. Improve information and business processes to support decision-making and effective resource management.
5. Develop key business and Regional Health Authority partnerships to support investments and cost-effective services.
6. Development of consistent practices and the standardization of policies and programming throughout the Region.
7. Continue development and response to emergent population health prevention and intervention issues.
8. Fulfill and refine accountabilities to Minister of Health.
9. Define and implement a long-term vision of sustainable quality service.
10. Improve workplace safety.

Strategic Theme 2 – Positive, Innovative Work Environment
Personal pride and accountability that is respectful of all relationships.

Objectives

11. Establish and implement a human resource management plan.
12. Establish and implement a quality workplace plan and strategy.
13. Improve communication to staff at every level.
14. Identify high-risk human resource areas and develop strategies to support.
15. Improve collective bargaining environment and union relationships and resulting outcomes.
16. Redefine and enhance medical leadership and partnerships.

Strategic Theme 3 – Aboriginal Health
Improve health status outcomes of Aboriginal people through collaboration.

Objective

17. Improve capacity to support and re-orient health services that are culturally appropriate and effective.

Strategic Theme 4 – Primary Health Care
Improve health status through supporting individuals and communities in responsibility for their own health through service redesign.

Objective

18. Develop and implement a primary health care plan.

Strategic Theme 5 – Specialized Services
Strengthen RQHR as a provincial resource and referral centre through the determination of services best delivered in Saskatchewan and in western Canada.

Objective

19. Develop integrated service delivery plan(s) to improve access.

Strategic Theme 6 – Knowledge, Teaching and Research
Grow as an academic health services organization that supports, creates and applies knowledge.

Objectives

20. Develop information/knowledge plan.
21. Develop and pursue RQHR research priorities.
22. Engaging academic institutions to support and advance the population health agenda.
23. Enhance strategic partnership with academic and learning institutions.

Strategic Theme 7 – Client and Public Confidence

Knowledge and trust that health services are appropriate and meet individual and community needs.

Objectives

24. Positive transfer of Strasbourg health services.

Note: This objective is already completed. It was decided, after consultation with the community and the Saskatoon Health Region, that Strasbourg's health services will remain with the SHR.

25. Improve rural urban inter-relations and inclusiveness.
26. Develop a reputation management plan.
27. Enhance Senior Management and Executive Director profile.
28. Enhance security and confidentiality of personal health information.

Strategic Theme 1 – Sustainable Quality Service

Effective service delivery within available resources.

Addictions Services

RQHR Addictions Services provides individual and group treatment for our clients. Saskatchewan Health reports that RQHR completed treatment on 67.5% of individual inpatient clients and 71.1% of outpatient clients. These numbers reflect only individual treatment and assessment and do not include those who were treated in group therapies.

Addiction Services Statistics for 2003/2004	
Grenfell office	88
Fort Qu'Appelle office	265
Regina Alcohol and Drug office Youth Adults (including SGI)	 327 2238
Methadone Clinic	125
Problem Gambling Program	unavailable
Recovery Manor (now closed)	58
Pine Lodge in Indian Head	619
Regina Detox Centre	1150
TOTAL	4870

Communicable Disease Control

The Communicable Disease team is responsible for the investigation of all non-enteric reportable diseases in the Regina Qu'Appelle Health Region, including sexually transmitted diseases, and outbreaks in long term care facilities, schools, and other facilities.

Approximately 200 persons are newly diagnosed with hepatitis C each year. Many of these persons are diagnosed when involved in alcohol and drug rehabilitation, and methadone programs.

Preliminary numbers show 20 newly diagnosed HIV cases in 2004, up from 12 in 2003. HIV case management time in 2004 was approximately 100 hours per case. This included working with each newly identified person to provide initial counseling on risk reduction, arranging consultation with the Infectious Disease Clinic, and locating each named contact to provide counselling and testing. Risk behaviors for new HIV infections continue to be mixed. However, in the last year there was a rise in infected persons who reported injection drug use.

Time spent in investigation and management of outbreaks in long term care facilities has been steadily increasing as the number of reported outbreaks increased to 35 in 2004, up from 29 in 2003. The increase appears to have continued with 17 outbreaks investigated in the first quarter of 2005.

Communicable Disease and Sexual Health Program

The Communicable Disease and Sexual Health Program functions as both a single unit and individually, as three smaller teams, under the management of the Deputy Medical Health Officer. The program design is unique and unlike any other in Saskatchewan. Public Health Nurses, and support staff for the three focus areas of the program, Communicable Disease Control, Street Project harm reduction, and Sexually Transmitted Disease Clinic, work together. The benefit has been that staff members function cohesively, have better working knowledge of all communicable diseases, and provide seamless service to clients.

Encouraging Physical Activity

Regular physical activity plays a key role in the health of people of all ages. The Regina Qu'Appelle Health Region is working with the provincial ***in motion*** initiative to encourage Saskatchewan residents to become more active.

Building on a Movement

The Region, in partnership with the Aspen Grove School District, the South East Saskatchewan Association for Culture Recreation and Sport and Saskatchewan ***in motion***, developed the

"Building on a Movement" Leadership Development Workshop. This workshop was designed to provide community volunteers with the skills and confidence necessary to provide safe, effective, sustainable physical activity programming in their communities. The pilot workshop was held in Wolseley on March 11, 2005. The success of this pilot workshop, and feedback from it, will be used to develop future workshops in other communities during the upcoming year.

Seniors' Physical Activity Sampler

To introduce Regina seniors to some of the great activities available in our community, the fourth annual Regina Seniors' Physical Activity Sampler was held. Demonstrations of yoga, belly dancing, pilates, line dancing and tai chi were held. Also featured was the Building Better Bones exercise program for those with Osteoporosis.

The Sampler was organized by the Committee Supporting Healthy Active Living for Older Adults (CSHALOP). CSHALOP is a working group of Regina ***in motion***. The Regina Qu'Appelle Health Region is represented on the CSHALOP working group.

Physically active seniors can benefit with reduced levels of heart disease, decreased falls and injuries, a healthier body weight, reduced blood pressure and a reduced risk of stroke, depression, colon cancer and premature death. Refreshments and entertainment were also a part of this free event.

Institutional Supportive Care

The RQHR is well positioned to address the care needs of residents in need of Institutional Supportive Care. The Restorative and Continuing Care portfolio has several community-based programs and services to support clients remaining in the community. As care needs increase, there is a corresponding increase in access to, and utilization of, these programs and services. Placement in a long term care facility to the first available bed, based on need, is approved by the Program Access Committee when living in the community is no longer possible. The placement process also takes into account client preference for location. Since the amalgamation of the former health districts into one Health Region, the RQHR has made significant progress in establishing consistent practices and processes throughout the Region.

Initiatives, Accomplishments, Challenges and Future Directions

KidsFirst

Since the inception of the program several years ago, the Kids First interagency management team has conducted an extensive evaluation of its program for high-risk families with young children. In 2004-2005 the evaluation showed positive gains in families that entered the program two years ago. Gains include changes in the life circumstances, such as entering the workforce, and changes in individual capacity, such as the parent setting personal goals and using strength based parenting methods.

KidsFirst works with several RQHR departments and other community partners to find innovative and effective methods to respond to the needs of their clients and families.

Laboratory Services

Enhanced Community Laboratory Services

Gamma-Dynacare Medical Laboratories began providing service at six locations in Regina. Some sites feature extended hours of service, before and after regular working hours, and on weekends.

Laboratory Accreditation

The Regina General Hospital and Pasqua Hospital laboratories received an "Accreditation with Distinction" designation from the College of American Pathologists (CAP) after a comprehensive two-day examination by CAP investigators. CAP is considered a global leader in setting standards for excellence in the practice of laboratory medicine.

Nutrition Initiatives in Schools

Schools provide a vital, supportive environment for improving the nutritional status of school-age children within the Regina Qu'Appelle Health Region. RQHR Population and Public Health Nutritionists and Public Health Nurses, in conjunction with local school divisions, have been working to find fun and educational ways to convince children to reduce the amount of junk food they eat and opt for healthier food and beverage choices.

The Health Region has taken an active role, participating on the Regina Public School Board Vending of Food and Beverage in Schools Committee, which provided recommendations regarding a policy to discontinue soft drink sales in schools. Other activities in which the Region took part include holding the first nutrition workshop for the nutrition coordinators and staff of

Community Schools, facilitating nutrition education sessions for teachers and holding a Nutrition Month Contest for school students.

The Health Region sees its work in this area as just beginning, and will continue to work with educators to help children understand the importance of eating healthy food.

Pandemic Planning Continues

The Health Region is continuing its planning efforts to deal with a possible influenza pandemic. To date the planning has included:

- surveillance;
- mass immunization campaigns; and
- clinical management guidelines.

Work in these and other areas continues, as we become more familiar with the complexity of the task at hand.

Planning is being examined in the following areas:

- anti-viral medication use and stockpiling;
- Public Health measures that may be needed;
- establishing community sites for rapid patient triage;
- maintenance of medical staff and facility infrastructure during pandemic;
- ethics; and
- expansion of basic knowledge to staff and the greater community.

RQHR is working with strategic partners to prepare for a possible influenza pandemic.

- The Region and the City of Regina have done emergency planning and efforts are continuing to ensure a smooth response during an emergency.
- Work with rural municipalities is being expanded.
- Linkages with the local school boards are well established.
- Saskatchewan Health is assisting us with overall guidelines and ensuring the involvement of other provincial departments and agencies.

Overall, progress has been made to ensure that we are as prepared as possible. Given that we do not know how the problem of pandemic will unfold, we have to approach planning as a continuous process, constantly evolving and adapting as we move forward.

Influenza Pandemic Plan for Volunteers

Part of the Health Region's preparations for an imminent Influenza pandemic includes a plan to have volunteers assist Health Region staff wherever they are needed. Spiritual Care and

Volunteer Services in Regina established a plan that will provide volunteers to support work at the Regina General Hospital, Pasqua Hospital, Wascana Rehabilitation Centre and with Population and Public Health Services at immunization clinics once a vaccine is available. Along with providing volunteers from the existing pool, the plan includes offering a quick, comprehensive screening, training and placement program for people from the community who come forward to help during the pandemic.

Quality Improvement

The Health Region established a Quality Improvement Unit and hired a director and two Quality Improvement Co-ordinators. The Unit is working to build a culture of quality improvement, and to develop the capacity within the Health Region to undertake effective quality improvement work. A framework has been developed that identifies six areas of quality improvement initiatives in the Region, from system-wide initiatives to small, localized initiatives. The initiatives keep patient safety at the forefront, manage risk, support the technical delivery of services and improve access to the Region's services. Work will continue in developing ways to implement these six components and in defining a long term vision for Quality Improvement in the Region.

One of the challenges in achieving quality improvement is managing the scope and reaching all locations in the Health Region in all disciplines. A challenge will be in finding ways to make the initiatives work and yet be flexible enough to apply across disciplines and locations.

Regina and Area Drug Strategy Development

The Regina Qu'Appelle Health Region has been very involved in leadership of the Regina and Area Drug Strategy since its inception in 2002. The strategy is a consortium of 20 agencies having an interest in the impact of addictions in our community. Mental Health and Addictions Services provides representation on various committees that aim to bring effective initiatives and services to the Region.

Mental Health and Addictions Services representatives were part of a committee that submitted a proposal to the federal government to create a drug treatment court in Regina. If approved, it would be the first in the province, and only the third such court in Canada. The court would deal with offenders whose crimes were committed because of addictions and have court-ordered

treatment and support services designed to help the offender and prevent further criminal behavior.

RQHR staff also made progress toward the creation of a Brief Detox and Homeless Shelter for people who cycle through the justice and/or health system due to addictions issues. An array of services would be available to more effectively intervene and support the rehabilitation process for this challenging population.

Sexually Transmitted Disease Clinic

The STD clinic tests, diagnoses and treats about 20% of all confirmed cases of STD in the Region, and examines approximately 31% of related contacts. Additionally, a weekly outreach clinic is provided to inmates of the Regina Provincial Correctional Center.

Chlamydia, in particular, is on the rise across Canada, and we are part of the Provincial committee that is developing a strategy to reduce rates in Saskatchewan. Currently the Chlamydia rates per 100,000 population in the RQHR are 253.3 for males and 457.1 for females.

Sexual Health is also one of the areas that have been targeted by the recent Population and Public Health Strategic Plan. Input from front-line staff, community partners, and clients is being gathered. This opportunity to explore ideas, and visions related to development of sexual health services for our Region will lead us forward for the next three to five years.

Street Project

The Street Project is a harm reduction program that has rapidly expanded since its inception in 1992. Public health nurses and community workers provide clean needles and other related equipment, such as sharps containers, to injection drug users. Staff work out of two fixed sites, including the STD clinic, and Carmichael Outreach, which is a community-based NGO. In 2004, approximately 1.6 million needles were exchanged, compared to 191 in 1992.

We have approached the City of Regina, Regina Police Service and Regina Fire Department to support installation of community sharps drop boxes. The actual number of needles returned by injection drug users is up. The overall return rate, however, is down, ranging from 87% to 94% depending upon site. We are aware that users attend from smaller centers in RQHR, as well as

from other health regions and First Nations Communities, and it is unlikely that they are returning all their needles.

The third study of injection drug users in Regina since 2000 was completed in April 2005. Results are not yet available. The results from the previous studies resulted in changes to Methodone programming in Regina and development of the Regina and Area Drug Strategy.

Tobacco Control and Smoke-free Public Places

The health of Regina Qu'Appelle Health Region residents depends on environments that support healthy lifestyle choices.

The Tobacco Control Act, passed in June 2004, prohibits smoking in enclosed public spaces including restaurants, bars, casinos, bingo halls, private clubs, billiards halls and bowling centres. The increase in smoke-free public places will save lives and prevent illnesses within our Region.

Members of the Regina Qu'Appelle Regional Health Authority and staff of the Region, particularly those from Population and Public Health Services, were instrumental in paving the way for the passage of this legislation. They worked diligently in creating public awareness, educating key stakeholders, addressing special committees in government and countering misinformation from the tobacco industry and its allies.

The Region's Public Health Inspectors administer the smoke-free public places section of *The Tobacco Control Act*. From January to March 2005, inspectors made 1,535 visits to 1,249 facilities. Twelve hundred and thirty facilities (98.5%) were compliant with the law on the first visit. Nineteen facilities required at least one additional visit before they, too, became compliant. In the same time period, Environmental Health, Population and Public Health Services, received 112 complaints regarding smoking in public places. All were followed up and all resulted in businesses complying.

No smoking in public places has quickly become the societal norm with the compliance rate in the Regina Qu'Appelle Health Region now being near 100%.

Public Health Inspections of Restaurants, Bars, Billiard Halls, Bowling Centres, Bingo Establishments and Casinos, January - March 2005

	# of Inspections	# of Facilities Inspected	# Compliant on Initial Inspection	# Not Compliant on Initial Inspection	# of Tickets Issued	# of Complaints	# of Complaints Investigated
Jan.1 – Mar. 31, 2005	1,535	1,249	1,230	19	3	112	112

In October 2004, the Health Region revised its own tobacco use policy, which applies equally to the Region's rural and urban health facilities and offices. The policy states:

- Smoking and the use of tobacco products are prohibited in all facilities and vehicles owned, leased and/or operated by the Regina Qu'Appelle Health Region.
- Smoking is allowed outdoors in designated smoking areas.
- Tobacco products will not be sold at RQHR facilities.
- The Region will not accept, directly or indirectly, sponsorships, gifts or donations from tobacco companies.

The Regina Qu'Appelle Health Region continues to play a leading role in the Saskatchewan Coalition for Tobacco Control, a coalition of approximately 15 health organizations. The Health Region joined other Coalition members in celebrating a major victory in January 2005 when the Supreme Court of Canada upheld Saskatchewan's tobacco display ban. Legislation for smoke-free workplaces is the next challenge.

Challenges and Future Directions

The Regina Qu'Appelle Health Region is striving to provide effective service delivery within available resources. We must balance the priorities of investing in services to improve health status while meeting immediate needs and demands for health care services.

Status quo budgets only fund the previous level of services and allow the Region to maintain the current level of operations and scope of services. Service enhancements generally require new funding, since there are no obvious surpluses for re-allocation. Opportunities to shift resources from one area to another to improve overall effectiveness are actively explored, but this requires planning and often involves change.

There is growing pressure to invest in new and expanded capacity to respond to the needs and expectations for improved access and services. Priority needs of the Region are reflected in the strategic plan and involve addressing the following service and capacity challenges:

- services to improve health status, such as public health programs directed to reduce chlymadia, AIDs, high-risk pregnancies, youth addictions and suicides;
- services for persons with chronic conditions, including prevention and education;
- number of tertiary acute beds; and
- facilities and information technology requirements.

To improve service delivery, Mental Health and Addictions Services came together under the same departmental structure two years ago. Staff members continue to explore training, programming and service structures that integrate and enhance the programs provided to clients with mental health and addictions needs.

In 2004-2005, the Region implemented targeted spending reductions as well as continued cost containment strategies. The financial challenges to containing costs and providing service within available resources will continue due to the high cost of technology, new medical procedures, increasing drug costs and inflationary increases.

In meeting the challenges of today and planning for the future, the Region is committed to providing sustainable health services by continued implementation of initiatives to move forward on the Strategic Directions and fulfillment of accountabilities set out by the provincial government. Specific objectives to support effective service delivery within available resources over the next years include:

- aligning service delivery with available human and financial resources;
- developing and implementing quality improvement initiatives;
- investing in redevelopment of infrastructure and management of capital assets;
- improving information and business processes;
- developing key partnerships to support investments;
- developing consistent practices and standardization of policies and programming;
- responding to emergent population health prevention and intervention issues;
- improving workplace safety; and
- defining and implementing a long-term vision of sustainable, safe and reliable services.

Strategies for managing service and financial challenges during 2005-2006 include:

- ongoing assessment of financial and service status, with organization-wide re-allocation of savings where appropriate;
- re-introduction of targeted temporary savings and further cost containment measures, as required;
- slowing growth of services and associated costs;
- rigorously scrutinizing every expense; and
- planning for future shifting of resources.

Initiatives for 2005-2006 include:

- *the development and implementation of a quality improvement strategy;*
- continuing involvement in the intersectoral Regina and Area Drug Strategy;
- developing services for persons with cognitive disabilities;
- completing facilities planning for approved construction projects (Moosomin Integrated Health Facility and Centre for Mother/Baby Care in Regina);
- developing a preliminary capital infrastructure plan for long term care; and
- developing a communications plan and strategy to cascade the operational plan.

Strategic Theme 2 – Positive, Innovative Work Environment

Personal pride and accountability that is respectful of all relationships.

Art at Work Project

The Regina Qu'Appelle Health Region successfully implemented the *Art at Work* Project, a pilot program funded by the Saskatchewan Arts Board, Saskatchewan Culture and Saskatchewan Lotteries. The Region's Artist-in-Residence, Bonnie Chapman, was located at the Regina General Hospital from July 2004 until July 2005. She offered to patients, clients, staff and volunteers art programs that promote relaxation, personal expression and enjoyment by bringing art, wellness and spirit together. The program allowed people to express themselves through the creative process, and the success of the *Art at Work* program saw enrollment grow from 20 participants in the first two months to about 140 patients and staff taking part in the following two months.

Human Resources

People are our passion. By putting people first we are able to achieve our mission and fulfill our vision through a service environment built on mutual respect, collaboration and teamwork.

1. **Human Resources: Sustainable Quality Service**

   Human Resource customers and service providers participated in a review of the Human Resource Service, with a view to identify needs and perspectives toward a preferred future. The review prompted the development of an integrated team-based Human Resource Service Model with a focus on customer service, strategic partnerships, integration, accessibility and proactive planning and development. Subsequently, the model was endorsed by the organization and implementation commenced.

   Redefining business processes and enhancing the provision of timely information to support decision-making is key to ensuring efficiency and effectiveness. The phased-in

implementation of the Human Resource Information System (HRIS) provides electronic personnel records and a centralized scheduling module that enables provision of real-time data and consistent standardized processes.

Continuous improvement through regular monitoring, reporting and trend analysis is an essential component of the Human Resource Service, as it informs strategy development.

As we look to our preferred future, we proactively plan the schematic to achieve our future success by advancing our best practices and applying knowledge gained through research. This year we took an important step in placing an emphasis on planning and development by creating a position specifically dedicated to human resource strategic planning and development.

The overriding focus on recruitment and retention is vital to ensuring sustainable quality service. Improving workplace practices based on factors that enhance employee commitment and retention is essential to becoming an employer of choice. By actively monitoring employee/physician turnover and forecasting vacancies, we are able to target our strategies for optimal success. Provision of bursaries, purchased seats in training programs (in and out-of-province) and proactive position creation aimed at recruiting locally graduating nursing professionals has proven successful. Annual market adjustment reviews in partnership with SAHO provide enhanced recruitment and retention incentives for hard-to-recruit classifications.

Key Accomplishments:

- Human Resource Service Delivery Model and guiding principles were developed to provide consistent and accessible Human Resource Services throughout the region.
- Human Resource Services are integrated and aligned with strategic themes, within available resources.
- The Attendance Support Program was developed and implemented and the Attendance Support Advisory Committee actively monitors the program.
- Business processes were standardized to enhance decision-making.

Key Initiatives:

- Implementation of Employee Service Centres and Human Resource Service Teams.
- Advancement of graduating nurse employment opportunities to the point that each Regina nursing graduate is employed full-time in the RQHR.
- Expanding RN and LPN clinical practice and maximizing nursing scope within each discipline to Full Scope of Practice.

- Plan for the promotional movement of current employees into vacancies created by retirements and turnover. Guiding current employees through career planning and professional development (Career Pathing) enabling them to achieve their career choices within RQHR also helps fill vacancies. The focus for Career Pathing is on Aboriginal employees at this time.
- Business processes continue to be reviewed for effectiveness and efficiency.

2. Human Resources: Positive, Innovative Environment

The delivery of health care services depends upon the commitment of the people providing the services. By engaging employee opinions based on their employment experience, we are able to validate which policies and practices enhance employee commitment and contribute to a positive work environment. This year we have embarked on a plan to survey our employees to receive valuable feedback for future planning toward improving the workplace.

We are strongly committed to the value of diversity in our workforce and the development of a Representative Workforce. This past year we surveyed all health care employees within the health region to determine the baseline representation within the designated groups. The results validated the achievements of the recruitment and retention efforts over the past year. The workforce is made up of 4% aboriginal employees, 5% visible minority and 3% disabled. We continue to focus our initiatives toward enhancing recruitment and retention of the underrepresented Aboriginal population.

We are able to effectively utilize resources by monitoring, reporting and trending analysis for improvement in attendance, vacation liability, overtime, scheduling, employee turnover and workplace safety.

Personal and professional development is an ongoing process. Expansion of a competency-based performance management system and monitoring tool to support individual development and succession planning is underway. Initiating professional development plans is valuable in the lifelong learning process, therefore creating an atmosphere for learning, providing mentoring opportunities and continuing partnerships with educational institutions is crucial to ensuring a learning organization.

One of our key accomplishments is the development of the ***Leadership Universe***, an interactive learning environment created for leaders, managers and supervisors to enable self-assessment and self-development.

3. Human Resources: Attendance Support Program

The Attendance Support Program is in support of the "People Philosophy" which recognizes that a productive and healthy workforce is key to the delivery of outstanding health care services. The Attendance support program provides the process to enable employees to be at work, stay at work or return to work on a timely basis consistent with the employee's abilities and restrictions.

Since the implementation of the Attendance Support Program there has been a reduction in sick utilization as follows:

- 1.4 hours per full-time equivalent (FTE) position in December 2004
- 1.2 hours per FTE in January 2005
- .5 hours per FTE in February 2005
- .5 hours per FTE in March 2005

In conjunction with a renewed emphasis on the philosophy of accommodation, a reduction in overall Workman Compensation Board (WCB) costs was experienced ($.59 M in the past year). The WCB charge to the region in the past three years (excluding annual assessment cost and rural sites) was:

- 2002 $3,092,132
- 2003 $3,268,713
- 2004 $2,677,749

Other supporting initiatives to aid in the reduction of absences include:

Personal Protection and Infection Control Program

This safety program provides employees with enhanced education and personal protective equipment to minimize personal risk of hazardous infections.

Employee Wellness Initiatives

Employee Wellness Initiatives are targeted to educate the workforce to better manage their own health (i.e., smoking cessation, weight reduction, fitness classes, stress management, and blood pressure monitoring).

Scent Free Awareness Campaign

The scent-free awareness campaign is an on-going effort to educate employees and visitors of the medical discomforts suffered by those with sensitivities to scented products with a view to induce participation in maintaining a quality indoor air environment. The

communication strategy includes the use of approved signage throughout the facility, messaging incorporated in pre-admission/client visitation informational packages, and informational letters to florists requesting limitations in the use of fragrant flowers in floral arrangements targeted for RQHR facilities.

4. **Human Resources: Premium Pay Taskforce**

In recognition of the human and financial impacts associated with the escalating cost of overtime and premium pay, a taskforce was established with a view to implementing reduction strategies utilizing an integrated approach inclusive of all the factors which influence the use of premium pay.

In conjunction with the Attendance Support Program and the Centralized Scheduling Department, the Premium Pay Taskforce aligned regional business processes to enable management of premium pay provisions in a cost-effective manner. The resulting outcome included consistent administering of premium pay provisions; revision of work schedules to minimize use of premium pay, development of on-going monitoring, and implementation of targeted strategies for high use areas.

As a result, the overtime statistics indicate a reduction of .42% in overtime from the previous year:

2003-2004: 241,180 OT hours
2004-2005: 240,179 OT hours

5. **Human Resources: Centralized Scheduling Service**

Implementation of Centralized Scheduling and electronic scheduling enabled standardization of the scheduling process, enhancement in compliance of collective agreement provisions and improved utilization of existing resources. In Phase One of the initiative, Centralized Scheduling was implemented in 39 health service units. Expansion of the scheduling service to other areas within the Health Region will be phased in over time.

6. **Human Resources: Representative Workforce Program**

RQHR is striving to achieve a representative workforce, one that is reflective of the diversity of the community. The Representative Workforce Strategy is intended to facilitate employment opportunities for persons of Aboriginal ancestry; people with disabilities; visible

minorities; and women in non-traditional roles. There are many initiatives underway in support of a representative workforce including:

Increasing the Hiring of Individuals from Designated Groups
Increase the number of applicants from designated groups through promotion of our Representative Workforce Program. Working in partnership with governments, unions, educational institutions and community groups to develop a representative workforce.

Aboriginal Awareness Training
Preparing the workforce through the provision of awareness training fosters a positive and supportive climate. Implementation of a four-year strategy to provide all regional employees with aboriginal awareness training has resulted in 3,276 employees trained in year two of the strategy.

Aboriginal Summer Student Project
Working in partnership with educational institutions to provide summer employment opportunities for students.

Representative Workforce Survey
Over 7,654 surveys were distributed to health region staff with the intent of gathering information from employees who self-declared to determine the baseline representation of designated groups within the health region.

Aboriginal Employee Network
With a view to provide supports within the work environment and enhance retention of Aboriginal employees, the development of an Aboriginal Employee Network is a positive step in providing the medium for a supportive networking environment that enhances quality work-life experiences.

Health Careers Entrance Training Program
The Health Careers Entrance Training Program is a 12-week program designed to train people of Aboriginal ancestry for entry-level positions within the RQHR. The program includes eight weeks of employment readiness and four weeks of work experience. The program is offered annually and has been running for five years with the capacity for 12 students per year. Every student who has completed this program has been hired into the RQHR.

Career Pathing Project

The Health Sector Partnership Steering Committee includes health employers, unions, training institutions, the Aboriginal community, professional associations and government. The purpose of the partnership is to identify, develop and implement strategies that address broad training and employment needs for the health sector with a focus on Aboriginal employment initiatives and the development of a Representative Workforce.

The committee has undertaken the Health Career Pathing project to facilitate advancement of current and future health care workers, and promote a sustainable representative workforce through career pathing, utilizing a prior learning assessment tool. The RQHR was selected as a pilot site for this provincial initiative.

The project incumbents will identify their health career goals and embark upon a developmental plan and mentorship program that enables academic and skill development for successful transition into their desired health care professions.

Improving Communication at System Wide Admission and Discharge

A joint project between System Wide Admission and Discharge (SWADD) and Home Care has improved communication and procedures, enabling the two departments to work together more effectively to meet the needs of Home Care clients in the region.

Leadership Philosophy

In the fall of 2004, Dwight Nelson, President and CEO, asked the RQHR's management team for nominations and expressions of interest to form the Leadership Task Force, a team that would be responsible for establishing the Regina Qu'Appelle Health Region's Leadership Philosophy. The Philosophy was to become part of the Region's Strategic Framework, and would boldly state what the Region values and celebrates in its individual leaders, regardless of what position they may have in the organization.

Of the more than 80 names brought forward, 13 members were selected representing a cross-section of the Region, and many points of view. The team met throughout the fall and winter to participate in lively debate, thoughtful conversation, and to dream about the ideal environment to

develop, support and strengthen leaders. Together, the Task Force created a Leadership Philosophy that describes what it means to be a leader in the Regina Qu'Appelle Health Region.

Nurse Recruitment

The Health Region has recruited 147 nurses during the past fiscal year. That number includes new graduates, foreign nurses and experienced nurses.

The Region has also successfully implemented a strategy that offers valuable practical experience to nursing students who have completed three years of the four-year NEPS nursing program, jointly run by the Saskatchewan Institute of Applied Sciences (SIAST) and the University of Saskatchewan, College of Nursing. The students are hired as Senior Assistants, and under the supervision of a senior nurse, have the opportunity to work for the summer in the RQHR and use their nursing skills before returning to school. RQHR staffing professionals visit the nursing school to tell students in their final year about opportunities for joining the RQHR. This system has proved to be an excellent tool for recruiting locally-trained nurses to the Region.

Nurse Mentoring Program

This initiative of the Regina Qu'Appelle Health Region matches a newly-hired nurse with a senior nurse volunteering with the program and is meant to help the less experienced nurse develop professionally in his or her career. The mentoring nurse helps ease the transition into the workplace by offering advice on policies, answering questions on nursing practice and offering practical advice.

Feedback from protégé and senior nurses involved in the program was positive at the three-month mark. A one-year review is currently underway with input from nurses to determine what, if any, improvements need to be made.

Nursing Professional Practice Council

The Nursing Professional Practice Council (NPPC) provides a mechanism for nurses from across the Region to guide professional practice. It provides an environment in which nurses can participate in decision-making that affects the quality of care delivered to clients, patients, residents, families, and communities of the Region.

The Successes of the Nursing Professional Practice Council include:

- development and promotion of the NPPC area on the RQHR Intranet Web site;
- worked with Respiratory Therapy to change the delivery of oxygen by nasal prongs to eliminate the use of a humidification bottle;
- assisted with mentorship program for new nursing graduates. The mentorship program is funded by Saskatchewan Health; and
- organized successful Nurses' Week celebrations with noon hour recognition of the extraordinary achievements of nurses and evening celebrations for nurses.

The NPPC is currently working with the following practice issues:

- night cupboard concerns and drug availability after hours;
- development of region-wide practice standards;
- formulating of revised and updated practice guidelines for implementation of LPN full scope of practice; and
- standards regarding advance directives and code status.

Physician Recruitment

The Region is working towards improving communication regarding physician recruitment with the creation of an online physician recruitment database. This communication tool will provide physician leaders and Health Region leaders easy access to information on the physician recruitment process and on current candidates being pursued by the region. The database is expected to be operational by the summer of 2005.

The Region continued to achieve physician recruitment success with the recruitment of two urologists, one orthopedic surgeon, one pediatric general surgeon, one otolaryngologist, two adult psychiatrists, one developmental pediatrician, one half-time palliative care physician, two emergency medicine certified emergency room physicians, a family physician for the community of Grenfell, and numerous family physicians for Regina. A keynote of interest is that the orthopedic surgeon and one of the emergency room physicians are graduates of the University of Saskatchewan College of Medicine.

Physician recruitment challenges continue, particularly when trying to attract physicians in specialized services who have not trained in Saskatchewan nor been exposed to our organization and culture. The recruitment office continues efforts to attract qualified resources by promoting both the quality services delivered throughout our Health Region and our city, which we believe is a great place to call home.

Specialist Emergency Coverage Program

The Health Region has successfully implemented the Specialist Emergency Coverage Program (SECP), ensuring that physicians in the specialty services are available to meet the emergency medical needs of patients. The Health Region has ensured continuous coverage in 28 out of 30 specialties with minimum disruption in Tier 1 coverage. Insufficient numbers of specialists results in an ongoing challenge in providing coverage. Active regional recruitment efforts continue in concert with annual physician resource planning in an effort to ensure sustainable continuous coverage in all specialty areas. Administration of the SECP program has also been successful and continues to run smoothly, with no complaints expressed by physicians.

Enhancing Medical Leadership and Partnerships

An internal organizational behaviour project was undertaken to determine how best to further engage physician leaders in the management activities and enhance the medical leadership of the Health Region. The project's final report offered recommendations to senior management on how to support physician leaders and focus their administrative efforts, in order to encourage their continued and greater involvement in program planning and operational decision-making.

Transition Home Team

The Health Region has created a Transition Home Team to effectively and efficiently assess and provide home care services to adult clients with complex needs following discharge from acute care. The team is made up of a SWADD co-ordinator, Registered Nurses, Home Health Aides, an Occupational Therapist and a scheduler. This specifically-dedicated team provides service to clients within hours of their hospital discharge. The Region implemented this initiative in January, with the Transition Home Team initially working with discharged patients and expanding to include patients who are leaving the emergency department and require care. Implementation of this strategy has resulted in a streamlined process of patient discharge as well as more effective use of time and resources.

The Health Region is continuing to implement the strategy, and will evaluate and analyze the initiative on an ongoing basis to ensure it is effective and to determine if and where any changes are necessary.

Challenges and Future Directions

RQHR priorities for 2005-2006 to ensure that we meet the objectives of Strategic Theme Two include:

- continuing to improve workplace safety, including expanded use of safety-engineered sharps;
- completing of employee opinion survey and development of strategies to enhance work environment;
- support for the Leadership Philosophy, including support for frontline leadership;
- continuing efforts to enhance and strengthen the relationship network with the Region's physician group and the leadership team; and
- engaging physicians more actively in leadership and administration roles and responsibilities.

Strategic Theme 3 – Aboriginal Health

Improve health status outcomes of Aboriginal people through collaboration.

Aboriginal Health

The former Regina Health District began developing services for Aboriginal people during the 1990s. Existing services include:

- Al Ritchie Health Action Centre offers a Baby's Best Start program for Aboriginal women, teens and women under stress;
- Native Counselling Services at the Regina General and Pasqua hospitals;
- programs to promote Aboriginal employment and cultural awareness among staff; and
- the Four Directions Community Health Centre located in North Central Regina, promotes individual, family and community health and wellness and features Aboriginal community development programs. While the programs are available to all area residents, the involvement of community Elders, residents and staff have brought a distinct Aboriginal character to the Four Directions Community Health Centre.

The Four Directions Community Health Centre recognized a need for new culture-oriented community programs and subsequently created and implemented several programs. Reclaiming Our Lives – Creating Our Tipis is a weekly parenting program that honours Aboriginal culture by teaching the values associated with the poles used in building a tipi. The concept is that, if a home is missing any of those values, the home is weaker.

The *Focus on Fathers* group continues to grow stronger. This support group for fathers with custody, in process of seeking custody, or who want custody of their child(ren) meets on a weekly basis.

Initiatives, Accomplishments, Challenges and Future Directions

A Breast Feeding support group was developed out of the Centre's Healthiest Babies Possible Program. The group meets once a month and brings together pre-natal and post-natal clients. Post-natal mothers offer support in child care and breast feeding and serve as role models to pre-natal mothers. As a result of this program, many pre-natal mothers decided to breast feed their babies and carry on this natural tradition.

An Addictions Recovery outreach program was initiated in which a Regina Qu'Appelle Health Region Addictions counsellor comes to Four Directions three times a week to hold an addictions recovery group session and do individual counselling. The recovery group has grown from a few clients to as many as ten clients taking part each week.

The Four Directions Community Health Centre also brings the Good Food Box and the Family Basket to area residents. Four Directions works with Regina Education and Action on Child Hunger (REACH) and acts as a depot in the community, handling the receiving and distribution of boxes and baskets.

In 1998, the Regina District Health Board initiated a strategic planning process to identify key areas where resources could be directed to achieve improvements in Aboriginal health. This process became known as the Aboriginal Health Initiative (AHI).

In June 2000, the Aboriginal Health Initiative report identified priorities for service enhancement and a new phase of work – the Working Together Towards Excellence project – was initiated. With the formation of the Regina Qu'Appelle Health Region, the AHI continued and expanded to encompass the new Region.

The Regina Qu'Appelle Regional Health Authority has made one of its goals the improvement of the health status outcomes of Aboriginal people. During 2002-2003, the Regina Qu'Appelle Health Region's Working Together Towards Excellence project team, together with an external advisory group, conducted extensive research, including consultations with Health Region staff and external stakeholders. The report of the project was published in 2003 and included recommendations for collaborative action to improve Aboriginal health outcomes. The RQHR Aboriginal Health Office was established to achieve this goal.

Internally, the office provides education, advocacy, linkages and acts as a liaison between the Health Region and the First Nation and Métis community. The office seeks advice and direction

from First Nation and Métis people on the Health Region's programs. This knowledge will enable the office to strengthen the Health Region's capacity to deliver programs and services that are culturally sensitive.

Externally, the Aboriginal Health Office is working on a long-term goal of establishing a partnership consisting of 75 stakeholders, including First Nations and Métis leaders, First Nations- and Métis-run health organizations, government agencies, post-secondary institutions, school boards, justice, policing and community services. The Aboriginal Health Office acts as a secretariat to this partnership. Progress in establishing this partnership in 2004-2005 included developing the group's direction and the framework in which to operate.

Challenges and Future Directions

Building relationships and trust with the First Nations and Métis communities will continue to be a challenge for the Aboriginal Health Office. Historical issues of eroded trust and inequality in dealing with non-Aboriginal organizations are always present for First Nations and Métis people. Rebuilding trust and maintaining a transparent relationship between the Health Region and First Nations and Métis people is a crucial process that will take time. Ongoing consultations with the First Nations and Aboriginal communities regarding health delivery programs will help to strengthen this relationship and assist the Region in changing services to improve health status outcomes among Aboriginal people.

The Four Directions Community Health Centre intends to establish literacy programs for parents and youth programs with a focus on life skills and healthy lifestyles. The Centre also plans to continue efforts to collaborate with RQHR and the community in the establishment of a Primary Health Care Centre.

Improvements in service delivery will also focus initially on chronic diseases (diabetes), Women's and Children's Health, Mental Health and Addictions, Home Care and Primary Health Care development.

Strategic Theme 4 – Primary Health Care

Improve health status through supporting individual and communities in responsibility for their own health through service redesign.

The Regina Qu'Appelle Regional Health Authority has identified the expansion of Primary Health Care (PHC) as a priority by making it a Strategic Theme in the Regional Operating Plan. Our short-term objective is to develop and implement a primary health care plan, with a goal that by 2012 everyone in the Region will have access to a Primary Health Care team. The development of Primary Health Care Services is being carried out in close partnership with Saskatchewan Health, and in accordance with the RQHR's five-phased Primary Health Care Strategic Plan.

Our work in the last year focussed on selecting communities in which to begin establishing Primary Health Care Services. Two communities - North Central Regina and the towns of Broadview, Grenfell, Whitewood and Wolseley, and the First Nations Communities of Cowessess, Kahkewistahaw, Ochapowace and Sakimay – have been selected as initial sites. Activity in 2004-2005 continued in the communities with Community Consultation Committees comprised of community members, human service providers and RQHR internal s akeholders. Detailed local plans that answer five key questions are being developed. The questions are:

- Where do we want to be? (i.e., our vision, future state, outcomes, goals)
- How will we know when we get there? (i.e., our measures of success)
- Where are we now? (i.e., current state, including strengths, issues, problems)
- How do we get there? (i.e., strategies for action to close the gap between the current state and desired future state)
- Ongoing: How will the current and future environment influence us in reaching our future state?

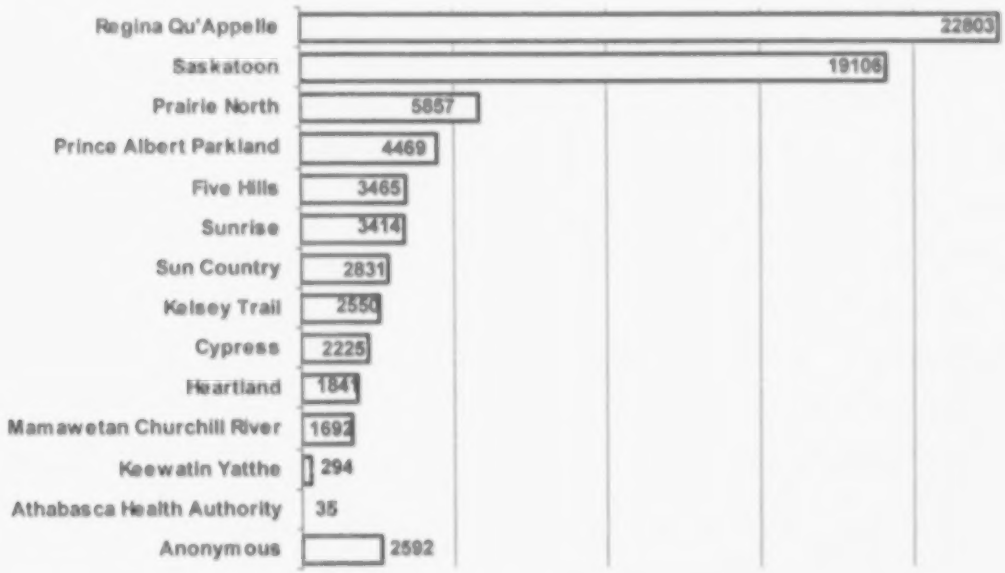
Other major accomplishments included:

- development of a PHC business planning framework to ensure a common standardized approach to the detailed planning occurring across the Region;
- expansion of the Primary Health Care Initiatives team with the addition of two PHC Development Consultants;
- appointment of a Regional Diabetes Manager to revise and implement the RQHR diabetes plan in the context of Primary Health, Aboriginal Health and the Prevention and Management Model for Chronic Disease; and
- receipt of formal expressions of interest in PHC from five Regina family physician practices.

HealthLine

HealthLine, a province-wide, twenty-four hour confidential telephone advice service was successfully launched in 2003. During the first 10 months of operation the call center responded to approximately 60,000 inquiries. During the period 2004-2005 fiscal year 73,174 inquiries were handled.

A Registered Nurse assesses each call received at HealthLine and depending on the presenting symptoms the caller may be referred or linked directly to agencies such as the Saskatchewan Drug Line, Poison Center, Mobile Crisis, etc. The following chart indicates the distribution of the callers throughout the province in 2004-2005:



HealthLine continues to develop its provincial service through consultations with other health regions and key stakeholders. Recently, HealthLine was asked to assist the Department of Health with the new initiative regarding addictions. Through a collaborative effort with key stakeholders this service was introduced to enhance existing services at HealthLine.

Challenges and Future Directions

During the next year activity will focus on:

- development, approval and implementation of the Broadview Area and North Central Regina PHC plans;
- implementation of the RQHR Diabetes Plan;

- enhancing RQHR's response to the Prevention and Management Model for Chronic Disease; and
- development of a strategy for seniors.

Primary Health Care will be developed with participation from other services and programs within the Region to ensure that PHC will be as comprehensive as possible. For example, Mental Health and Addictions Services is looking forward to participating in the Primary Health Care initiative development to ensure that mental health and addictions services are planned and delivered in the Primary Health Care sites being developed.

Strategic Theme 5 – Specialized Services

Strengthen RQHR as a provincial resource and referral centre through the determination of services best delivered in Saskatchewan and in western Canada.

All Nations Healing Hospital

The All Nations' Healing Hospital opened in June 2004 and replaces the former Fort Qu'Appelle Indian Hospital originally built nearly 70 years ago. The new hospital has 13 acute care beds, one palliative care bed, a large outpatient and diagnostic area and support services. The facility is also a location for First Nations health services, a shared vision centre that provides mental health services, and a spiritual cultural program. The new facility is located on First Nations' land and operates as an independent non-profit corporation affiliated with the Regina Qu'Appelle Regional Health Authority.

Consolidation of Acute Care Units

The Health Region consolidated acute care units in the Regina hospitals to align available human resources with the number of open beds. The results are better organized and managed staff, less overtime and fewer incidents of bed closure relating to staff shortage. Patient volumes were kept consistent with previous years.

Nursing shortages are a problem experienced not only by the RQHR, but nationally. The Health Region will continue its strategy to recruit nurses, which will, in turn, allow the Region to open more beds.

The Health Region is also participating in a national study on nurse turnover and its effects, not only economically, but also on staff morale, patients and the Health Region.

Diagnostic Imaging

In 2004-2005, Diagnostic Imaging Services (DIS) performed over 1,100 additional Magnetic Resonance Imaging (MRI) exams, decreasing the wait list by over 30%. A second MRI has been purchased, and construction for its installation at the Regina General Hospital will begin in summer 2005.

DIS has also seen an increase of Computerized Tomography (CT) studies. Much of this is due to the increases in the use of CT study for a variety of diagnoses. The purchase of a new machine with the latest technology will enable the Health Region to complete the imaging process faster and expand the range of analysis provided.

CT Visits and Examinations

Month	2003-04		2004-05	
	Visits	Exams	Visits	Exams
April	2034	3362	2044	3429
May	2170	3616	2139	3610
June	2139	3637	2238	3888
July	2133	3714	2199	3885
August	2047	3501	2143	3768
September	2152	3710	2120	3650
October	2235	3856	2185	3725
November	1959	3337	2116	3611
December	2042	3521	1834	3236
January	2031	3546	2043	3688
February	1968	3349	1964	3526
March	2043	3253	2104	3669

It has not been necessary to increase our hours of service at this time. Our current practice is to staff CT from 0700 - 2300 hours and then have staff on-call from 2300 - 0700 hours. During these hours, we have so far been able to keep our **non-urgent** waiting list to a maximum of four weeks.

The approximately 10% increase in CT studies includes:

- increased renal artery stenosis studies (the study of the arterial flow to the kidney to check for narrowing of the arteries);
- increase in brain aneurysm studies;
- increase in abdominal aorta aneurysm studies. With newer CT technology, diagnosis of aneurysms in their early stages allows for consistent follow up and intervention before life threatening situations arise; and
- Carotid artery studies (helps check for decreased blood supply to the brain - which can help to prevent strokes).

The Region has recently purchased a 64-slice CT machine, which will further increase our capability to do the studies listed above and expand into cardiac and colon studies and full body vessel analysis. This technology will also allow us to produce images that are .625 millimeters thick, giving our clients the best possible diagnostic capabilities in all areas. This new technology will also enable us to image the entire body in about 15 seconds saving precious time during a critical situation such as a motor vehicle accident or other serious injury. Regina will be the first centre in the province, and one of the first in the country, to acquire this new 64-slice technology.

MRI Visits and Examinations

Month	2003-04		2004-05	
	Visits	Exams	Visits	Exams
April	314	370	274	295
May	333	387	264	304
June	310	361	315	374
July	336	394	357	390
August	201	253	384	430
September	269	307	350	402
October	263	311	414	457
November	237	274	460	495
December	228	274	302	333
January	265	297	423	461
February	285	341	431	479
March	257	303	459	537

Achievements and successes for the MRI area for the year 2004-2005 include:

- over 1,100 additional exams were carried out, bringing the wait list down by 30%;
- service has been expanded to include Workman Compensation Board claimants;
- evening hours have been expanded and weekend hours have been added;
- contrast injection case hours have been expanded to include three nights each week;
- two additional staff members have been hired for the MRI area;
- currently, there are two students enrolled in this year's MRI program and an additional three students enrolled in the program for the 2005-2006 year; and
- a second MRI unit has been purchased for Southern Saskatchewan and construction for its installation will begin in the summer of 2005 at the Regina General Hospital.

Full Capacity Protocol

The Health Region has implemented several strategies to optimize the flow of patients through the acute care hospitals, including the Full Capacity Protocol.

Overcrowding in emergency rooms is a problem in hospitals across North America, and RQHR is no exception. To address the issue, the Health Region implemented the Full Capacity Protocol

in January 2005. The Full Capacity Protocol is a systematic process to facilitate the movement of a particular group of patients from the Emergency Department. These are patients who have an order-to-admit-to-hospital but for whom there are no regular, on-service beds on inpatient units. Under the Full Capacity Protocol, these patients will be admitted to alternate beds on inpatient units within the facility for a temporary period (no more then 48 hours) until beds in the required service areas become available. The Health Region has designated two beds in the Pasqua Hospital and five beds in the Regina General Hospital that are otherwise closed to be opened during Full Capacity Protocol. The strategy improves the flow of admitted patients through emergency by transferring them to units where they will receive care, thus allowing emergency department staff to continue working effectively and efficiently.

The Health Region is currently evaluating the process, and will review the impact and effectiveness of the Full Capacity Protocol to determine if changes to the strategy are required.

Geographic Protection and Bed Borrowing

The Region's geographic protection and bed borrowing strategy ensures that a specific number of beds are allocated to the various services in hospitals. Department and Section Heads are responsible for managing beds efficiently and effectively based on demands for service. Bed borrowing is arranged between department heads and is based on bed availability.
This strategy was implemented in April 2004, and has recently been reviewed. An adjustment to the bed allocation is forthcoming. The allocation of beds is an ongoing collaborative process and will be reviewed regularly, at least on an annual basis, to determine what adjustments need to be made.

Implantable Cardioverter Defibrillator

The Regina Qu'Appelle Health Region expanded Cardiac Services at the Regina General Hospital to include a new Implantable Cardioverter Defibrillator (ICD) program that will provide patients with a better level of cardiac care. The ICD is a device implanted in a patient's chest, and used to diagnose, treat and cure cardiac arrhythmias. A cardiac arrhythmia occurs when the heart beats too fast. Cardiac arrhythmias are a common cause of death and disability in Canada. Previously, Health Region patients were sent out of province for this life-saving treatment. It is expected that approximately 36 people in Saskatchewan per year will benefit from this program.

Initiatives, Accomplishments, Challenges and Future Directions

The initiative supports the *Action Plan for Saskatchewan Health Care* goal of improving access to health services for Saskatchewan people through provincial planning and co-ordination of services. It supports more efficient use of the Region's hospital and surgical resources. The ICD program is expected to cost up to $900,000 annually, which will be redirected from existing out-of-province expenditures.

Mental Health and Addictions Services

Mental Health and Addictions Services began development of the Adolescent Psychiatric Unit in the Regina General Hospital, transforming it from a medical/surgical unit which often served youth with psychiatric diagnoses, to a designated mental health facility for adolescents. The Health Region began implementing a psychiatric treatment program model designed to meet the specific needs of adolescents. The existing space was redesigned and renovated to meet the needs of the new program functions. The Adolescent Unit is the first of its kind in Saskatchewan.

MORE Program

The Regina Qu'Appelle Health Region is the first health region in western Canada to take part in an innovative medical pilot program called Managing Obstetrical Risk Efficiently (MORE). The program aims to reduce risks which mothers and babies can face during pregnancy and delivery. The MORE program was developed by the Society of Obstetricians and Gynecologists of Canada and is based on risk management techniques developed by organizations which function under considerable time pressures and, yet, make every effort to eliminate the possibility of catastrophic failures. The strategies they use to keep people safe can be applied to systems reducing risk to mothers and newborns.

The MORE program emphasizes medical professionals working and learning together as a team to reduce system errors and provide the best care possible for mother and baby through pregnancy and delivery. Through the program, health professionals have access to standardized information and best practices on topics such as labour, progress of labour, vaginal delivery complications and post-partum hemorrhage.

RQHR health providers are in the second year of the three-year MORE program. Moving into the next phase presents the challenge of taking the newly-acquired knowledge and applying it to make it the norm for care.

Initiatives, Accomplishments, Challenges and Future Directions

Service Delivery Plan with Southern Saskatchewan Regions

The South Saskatchewan Region Forum was established in late 2003 with the vision of "effective, appropriate and integrated health service delivery across southern Saskatchewan." The forum was comprised of the medical and administrative leadership from Cypress Health Region, Five Hills Health Region, Regina Qu'Appelle Health Region, Sun Country Health Region, and Sunrise Health Region.

During 2004, several meetings were held to discussion common challenges and to create a collaborative five-year plan for the integration of health services and practices amongst the five Regions.

Five strategic themes and supporting goals were established. Specific priority initiatives for 2005-2006 were identified and collaborative working groups from all five regions were formed to address the issues.

The themes and goals of the South Saskatchewan Forum include:

- **Coordination of Specialized Services**
  Goal: Improve the delivery and access of specialized services for the people of southern Saskatchewan.

- **Optimal Service and Patient Flow**
  Goal: Effective, seamless and integrated services.

- **Human Resource Planning and Management**
  Goal: Improve utilization and availability of Health Human Resources.

- **Medical Leadership**
  Goal: Effective, trained, informed medical leaders. Effective, stable, sustainable medical leadership.

- **Emergency Preparedness: Communicable Diseases**
  Goal: Effective coordination of plans amongst the five Regions.

The Forum continues to meet quarterly to discuss common challenges and to follow-up on the progress of the working group initiatives.

Challenges and Future Directions

To meet the objective under Strategic Theme Five the priorities for the 2005-2006 fiscal year include:

- developing and implementing a plan to improve access to, and effectiveness of surgical, diagnostic imaging (MRI, CT) and emergency room services;
- acquiring and installing diagnostic imaging equipment (second MRI and Renal Clinic);
- managing growth in demand for Renal Program Services through use of home dialysis and the Renal Clinic;
- developing a plan and process to integrate and share services with the Saskatoon Health Region;
- implementing a Radiology Information System; and
- replacement of the Laboratory Information System.

Strategic Theme 6 – Knowledge, Teaching and Research

Grow as an academic health services organization that supports, creates and applies knowledge.

System Wide Admission and Discharge Case Management

Case Management is one of the core functions of the System Wide Admission and Discharge Department (SWADD). Practice standards and guidelines have been clearly defined and the skills, competencies and knowledge needed by staff members to perform this function have been identified. The next step is to develop modules for training and professional development to support the standards. These modules will support the orientation of new staff and skill enhancement for existing staff. The potential also exists to share these modules in principle with other departments throughout the region. This phase also supports the Health Region's Strategic Theme of Creating a Positive, Innovative Work Environment.

Associate Dean of Regina-Based Programs – College of Medicine

The Regina Qu'Appelle Health Region, in conjunction with the University of Saskatchewan College of Medicine, appointed an Associate Dean of Regina-Based Programs. The Associate Dean is responsible for planning, implementing and evaluating all Regina-based educational programs for the University of Saskatchewan College of Medicine, including undergraduate, postgraduate and continuing professional learning. The Region is anticipating that the increased involvement with the College of Medicine will create an increased awareness for new graduates of the medical opportunities available within RQHR.

Continuity of Care Research

System Wide Admission and Discharge Department; Family Medicine, Home Care and Palliative Care; Restorative and Continuing Care; and Specialty Care are collaborating with the University of Regina on a Continuity of Care Research Project. The study will develop a framework that has the potential to improve accountability, continuity and quality of care in a variety of health care settings such as acute care, convalescent care, home care, urban and rural settings.

The Clinical Pastoral Education Program in Palliative and Hospice Care

Spiritual Care Services at the Pasqua Hospital took part in developing a Clinical Pastoral Education (CPE) program for the Health Region that specializes in palliative and hospice care. It is the first CPE program of its kind in Canada, and includes the development of a core curriculum specifically designed for spiritual care providers serving clients in palliative and hospice care.

Extended Clinical Pastoral Education Program

Spiritual Care Services developed an extended Clinical Pastoral Education Program which meets the needs of religious leaders providing service within the RQHR. The program is customarily offered over a 12-week period and, because of its intensity, requires people to be free of outside obligations. The extended program was offered at the Regina General Hospital on Fridays and Saturdays over a six month period, enabling people throughout the Region to complete the program while maintaining their full-time or part-time jobs. Participants were also able to complete the clinical component according to their own schedules. The 12-week intensive course was also offered and held at the Regina General and Pasqua hospitals.

Electronic Health Record

In building towards an electronic health record, the RQHR has been actively involved in projects aimed at creating a Saskatchewan Client Index, Provider Registry, Electronic Medical Imaging System, Radiology Information Management System, and Pharmacy Information Program. As well, RQHR has been actively participating in the Primary Health Care Initiative.

Challenges and Future Directions

To meet the objective under Strategic Theme Six the priorities for the 2005-2006 fiscal year include:

- continuing development of information systems to support an electronic health record;
- continuing development of information management tools and processes;
- developing a reputation management plan;
- completing consultation to develop a multi-year research priority framework and partnership strategy;
- initiating a joint RHQR SUN research project on a nursing staffing model; and
- updating affiliation agreements with universities and institutes.

Strategic Theme 7 – Client and Public Confidence

Knowledge and trust that health services are appropriate and meet individual and community needs.

ACE Award for Visual Identity Program

The Regina Qu'Appelle Health Region's visual identity program, *Welcome to the Regina Qu'Appelle Health Region: A Tale of Transition, Amalgamation and Change*, was honoured with an Award of Merit at Saskatchewan's Awards for Communications Excellence (ACE). Awards are given to entries that demonstrate the highest standards of communications excellence. ACE is an industry-wide awards program administered by the International Association of Business Communicators, the Canadian Public Relations Society and the Advertising Association of Saskatchewan.

Reputation Management

Under the sponsorship of the Chief Executive Officer and led by the Public Affairs Department, work continued in 2004-2005 to support the development of a reputation management process for the Regina Qu'Appelle Health Region. Amongst the best practice principles for such a process are:

- Ultimate responsibility for the success of reputation management lies with the most senior management team within an organization.
- Reputation management needs to be driven by and support the strategic direction of the organization.
- Reputation management should have a strong focus on the relationships the organization has with key stakeholders/audiences.

- Employee engagement in forming and maintaining positive organizational reputation is key.
- Managing reputation requires that specific reputation goals be formulated at the outset, that these goals be agreed to at the highest levels of the organization, and that they be broadly supported throughout the organization.
- An organization's actual success in meeting its business performance objectives, including quality service, is the bedrock on which its reputation is built.
- The results of any reputation management plan or process must be measurable, and the metrics must include business performance measures as well as measures of perception.

In 2005-2006, the Senior Management Team of the Regina Qu'Appelle Health Region will continue to work with others, both within and outside the organization, to establish reputation management processes and plans to enable the Region to better meet public and other stakeholder expectations.

Client Concerns

The number of client concerns rose to 1,089 in 2004-2005. This increase, 11% over the last fiscal year, is far lower than the increase in the previous year, which was 51%. The 2003-2004 increase was thought to be due to higher public awareness and the lower increase this year bears that out.

Eighty-four per cent of concerns were resolved in 3.65 days with an average turnaround time of 8.35 days. The percentage of complex cases that took over 30 days to resolve remained the same as in the previous year, 9%.

Most concerns received (42%) continue to be in relation to Acute Care Services - 42%, which is a decrease of 2% from last year.

As in the previous year, access to service is the primary type of concern (39%) expressed by clients for the past year. Waiting time for surgery and assessments were the two major issues under access to service. Concerns about waiting time for surgery fell by 12% to 35% and waiting time for assessment concerns rose by 12% to 27%.

Care delivery concerns regarding deportment, which rose 15% last year, fell by 9% this year.

Mental Health and Addictions Services

Mental Health and Addictions Services collaborated on a project with Catholic Family Services to offer a community resource group for clients experiencing anxiety and depression. This

initiative was nominated for a SAHO Award for innovative programming, and won a Green Ribbon – the highest award offered.

In March 2005 Regina Qu'Appelle Health Region Mental Health and Addictions Services hosted the annual provincial clinical conference. It was the largest conference ever held, and rated as highly successful by attendees.

Protecting Privacy

The Regina Qu'Appelle Health Region has always protected the privacy of health information. Last year the Region appointed a Privacy Officer and established a Privacy Steering Committee with sub-committees. The Committee is reviewing and updating policies, procedures and systems to meet our obligations under the Health Information Protection Act (HIPA). The new policies are building on the policies and systems currently being used in the Region.

The new policies and procedures will be completed in the fall of 2005.

Challenges and Future Directions

To meet the objective under Strategic Theme Seven, the priorities for the 2005-2006 fiscal year include:

- establishing processes and plans to enable the Region to better meet public and stakeholder expectations;
- completing new policies and procedures on privacy; and
- continuing development of a reputation management plan.

Financial Statements for the Year Ended March 31, 2005

REGINA QU'APPELLE HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and have been approved in principle by the Authority. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and the Financial Reporting Guidelines issued by Saskatchewan Health, and of necessity include some amounts that are based on estimates and judgements. The financial information presented in the Management's Discussion and Analysis and elsewhere in this report is consistent with that in the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures which provide reasonable assurance that the Region's assets are safeguarded and that financial records are relevant and reliable.

The Authority members carry out their responsibility for the financial statements through the Resource Accountability Committee. This Committee meets with management to discuss and review financial matters. The Provincial Auditor has full and open access to the Resource Accountability Committee.

The Provincial Auditor conducts an independent audit of the financial statements. His examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allows him to report on the fairness of the financial statements.

Dwight Nelson
President and CEO

Carol Klassen
Vice President Corporate Services and
Chief Financial Office

May 27, 2005

Provincial Auditor Saskatchewan

1500 Chateau Tower
1920 Broad Street
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AUDITOR'S REPORT

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of the Regina Qu'Appelle Regional Health Authority as at March 31, 2005 and the statements of operations and changes in fund balances, and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan
May 27, 2005

Fred Wendel, CMA, CA
Provincial Auditor

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2005	Total 2004 (Note 17)
ASSETS					
CURRENT ASSETS					
Cash & short-term investments (Schedule 2)	$ 111,435	$ 18,074,031	$ 1,774,428	$ 19,959,894	$ 4,522,271
Accounts receivable					
Saskatchewan Health - General Revenue Fund	2,591,592	232,769	-	2,824,361	9,371,445
Other	8,286,775	84,469	163,096	8,534,340	9,802,361
Due to/from other funds	2,800,062	(2,584,503)	(215,559)	-	-
Inventory (Note 2(e))	3,520,310	-	-	3,520,310	4,271,392
Prepaid expenses	3,897,984	-	-	3,897,984	3,340,041
	21,208,158	15,806,766	1,721,965	38,736,889	31,307,510
Investments (Notes 2(f) & 15(c) & Schedule 2)	328,987	-	1,224,648	1,553,635	3,002,885
Due from local governments (Note 5)	-	256,789	-	256,789	324,846
Capital assets (Notes 2(d) and 3)	-	277,063,338	-	277,063,338	287,442,106
TOTAL ASSETS	$ 21,537,145	$ 293,126,893	$ 2,946,613	$ 317,610,651	$ 322,077,347
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES					
Bank overdraft (Note 15(d))	$ 5,028,851	$ -	$ -	$ 5,028,851	$ 23,272,663
Accounts payable					
Other	25,722,412	2,301,000	-	28,023,412	19,412,679
Workers' Compensation Board (Note 14)	-	-	-	-	8,827,825
Accrued salaries	13,880,787	-	-	13,880,787	15,533,638
Long-term debt & mortgages - current (Note 5)	-	636,733	-	636,733	636,460
Deferred revenue (Note 6)	5,955,270	-	-	5,955,270	4,236,759
Accrued vacation pay	26,571,658	-	-	26,571,658	25,570,517
	77,158,978	2,937,733	-	80,096,711	97,490,541
Long-term debt & mortgages (Note 5)	-	7,084,495	-	7,084,495	7,731,080
TOTAL LIABILITIES	77,158,978	10,022,228	-	87,181,206	105,221,621
FUND BALANCES					
Invested in capital assets	-	269,342,110	-	269,342,110	279,074,566
Externally restricted (Note 2(b)iii & Schedule 3)	-	315,495	2,946,613	3,262,108	5,531,956
Internally restricted (Note 16 & Schedule 4)	-	497,364	-	497,364	452,352
Unrestricted	(55,621,833)	12,949,696	-	(42,672,137)	(68,203,148)
TOTAL FUND BALANCES	(55,621,833)	283,104,665	2,946,613	230,429,445	216,855,726
TOTAL LIABILITIES & FUND BALANCES	$ 21,537,145	$ 293,126,893	$ 2,946,613	$ 317,610,651	$ 322,077,347

(See accompanying notes to the Financial Statements)

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the year ended March 31

	Operating Fund			Restricted Funds			
	Budget 2005 (Note 12)	2005	2004 (Note 17)	Capital 2005	Community Trust 2005	Total 2005	Total 2004 (Note 17)
REVENUES							
Saskatchewan Health - General Revenue	$ 492,994,508	$ 493,632,879	$ 462,251,882	$ 20,702,139	$ -	$ 20,702,139	$ 6,620,870
Other Provincial Revenue	4,320,076	4,301,794	4,377,557	275,798	-	275,798	154,326
Federal Government Revenue	4,820,170	5,160,300	5,121,437	-	-	-	1,400,814
Funding From Other Provinces	-	-	-	-	-	-	-
Special Funded Programs	3,664,939	4,126,638	3,562,515	-	-	-	-
Patient Fees	14,768,736	14,814,172	14,351,966	-	-	-	-
Out of Province Revenue	3,980,700	3,837,057	3,956,875	-	-	-	-
Out of Country Revenue	369,006	447,130	262,316	-	-	-	-
Donations	-	261,964	263,273	2,565,177	97,693	2,662,870	3,071,706
Investment Revenue	94,300	142,092	269,815	2,050	115,898	117,948	230,332
Ancillary Revenue	3,509,974	3,598,260	3,539,366	-	-	-	-
Recoveries	6,166,877	6,788,004	6,698,772	-	-	-	-
Other Revenue	4,167,485	5,067,137	4,536,147	118,875	-	118,875	240,636
	538,756,771	542,145,427	506,191,921	23,664,038	213,591	23,877,629	11,718,684
EXPENSES							
Province Wide Acute Care Services	39,175,822	40,573,107	37,379,141	1,470,959	-	1,470,959	1,818,061
Acute Care Services	259,034,176	262,362,547	250,642,801	12,256,286	20,461	12,276,747	10,667,828
Physician Compensation Acute	37,976,303	37,717,513	35,858,844	-	-	-	-
Supportive Care Services	92,268,343	93,276,721	88,271,802	717,496	27,644	745,140	1,391,657
Home Based Service - Supportive Care	15,647,661	15,336,939	14,929,561	42,173	757	42,930	17,339
Population Health Services	13,863,857	13,429,588	12,696,068	78,678	-	78,678	125,203
Community Care Services	16,827,933	16,208,670	15,463,732	-	-	-	-
Home Based Services - Acute & Palliative	5,732,054	5,546,445	5,430,045	-	-	-	-
Primary Health Care Services	6,698,869	6,387,182	6,209,988	575,525	-	575,525	28,050
Emergency Response Services - RHA	8,734,756	8,145,867	8,180,727	164,656	-	164,656	202,175
Mental Health Services - Inpatient	7,959,389	8,053,209	8,234,449	-	-	-	-
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation Community	3,807,459	3,240,069	2,894,442	-	-	-	-
Program Support Services	26,486,608	25,798,223	23,616,294	2,936,029	-	2,936,029	3,307,230
Special Funded Programs	3,568,646	3,863,821	3,288,300	-	-	-	153,936
Ancillary	975,095	781,341	906,125	114,771	-	114,771	125,445
Total Expenses (Schedule 1)	538,756,771	540,701,342	511,994,339	18,354,576	48,862	18,403,432	17,836,924
Excess (deficiency) of revenue over expenses before the following items	$ -	1,444,085	(3,802,418)	5,309,462	164,729	5,474,197	(6,118,240)
Workers' Compensation Board termination of Joint Operating Agreement (Note 14)		-	-	8,827,829	-	8,827,829	-
Transfer of Moosomin Community Trust Fund to Moosomin & District Health Care Foundation		-	-	-	(2,172,391)	(2,172,391)	-
Excess (deficiency) of revenue over expenses		1,444,085	(3,802,418)	14,137,291	(2,007,662)	12,129,634	(6,118,240)
Fund balances, beginning of year		(56,980,198)	(53,485,843)	268,671,384	5,164,540	273,835,924	280,262,227
Interfund transfers (Note 16)		(85,720)	308,063	295,985	(210,265)	85,720	(308,063)
Fund balances, end of year		$ (55,621,833)	$ (56,980,198)	$ 283,104,660	$ 2,946,613	$ 286,051,278	$ 273,835,924

(See accompanying notes to the Financial Statement)

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the year ended March 31

	Operating Fund		Restricted Fund			
	2005	2004 (Note 17)	Capital	Community Trust	Total 2005	Total 2004 (Note 17)
Cash provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (Deficiency) of revenues over expenses	$ 1,444,086	$ (3,802,418)	$ 14,137,296	$ (2,007,662)	$ 12,129,634	$ (6,118,240)
Net change in non-cash working capital (Note 7)	15,603,057	(8,408,796)	(6,612,115)	(132,990)	(6,745,105)	9,461,974
Amortization of capital assets	-	-	17,837,098	-	17,837,098	17,264,391
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	17,047,143	(12,211,214)	25,362,279	(2,140,652)	23,221,627	20,608,125
Purchase of capital assets						
Buildings/construction	-	-	(666,085)	-	(666,085)	(1,741,600)
Equipment	-	-	(6,792,245)	-	(6,792,245)	(9,484,123)
Proceeds on disposal of capital assets						
Buildings/construction	-	-	-	-	-	-
Equipment	-	-	-	-	-	122,111
Disposal (Purchase) of long-term investments	770,893	332,578	68,057	678,352	746,409	77,229
	770,898	332,578	(7,390,273)	678,352	(6,711,921)	(11,026,383)
Repayment of debt	-	-	(646,312)	-	(646,312)	(9,391,532)
Net increase (decrease) in cash & short-term investments during the year	17,818,041	(11,878,636)	17,325,694	(1,462,300)	15,863,394	190,210
Cash & short-term investments, beginning of year	(22,649,737)	(11,079,164)	452,352	3,446,993	3,899,345	4,017,198
Interfund transfers (Note 16)	(85,720)	308,063	295,985	(210,265)	85,720	(308,063)
Cash & short-term investments, end of year	$ (4,917,416)	$(22,649,737)	$ 18,074,031	$ 1,774,428	$ 19,848,459	$ 3,899,345
Cash and cash equivalents						
Cash and short-term investments	$ 111,435	$ 622,926	$18,074,031	$ 1,774,428	$ 19,848,459	$ 3,899,345
Bank overdraft	(5,028,851)	(23,272,663)	-	-	-	-
	$ (4,917,416)	$(22,649,737)	$18,074,031	$ 1,774,428	$ 19,848,459	$ 3,899,345

(See accompanying notes to the Financial Statement)

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
March 31, 2005

1. Legislative Authority

On August 1, 2002 the Legislative Assembly passed *The Regional Health Services Act* (the Act). This Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authority.

The Regina Qu'Appelle Regional Health Authority (RHA) was created by the Act. The Regina Qu'Appelle Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as Regina Qu'Appelle Health Region.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following CBO's and third parties to provide health services:

615672 Sask Ltd. (Touchwood EMS)
Autism Resource Centre Inc.
Backlin's Ambulance Service Ltd.
City of Regina Transit Department
Cosmopolitan Activity Centre
Cupar Lions Volunteer Ambulance
Extendicare (Canada) Inc.
Imperial & District Ambulance
JT Ambulance Service Ltd.
Living Sky Ambulance
Lumsden & Craven Seniors' Program Inc.
Mental Health Association / Regina Branch Inc.
Milestone Assisted Living Advisory Board
Mobile Crisis Services, Inc.
Phoenix Residential Society Inc.
Planned Parenthood Regina
Prairie Ambulance Care (1998) Ltd.
Rainbow Youth Centre Inc.
Raymore Community Health and Social Centre
Red Cross

Regina Recovery Homes Inc.
Salvation Army Waterston Centre
Soo Line Ambulance
University of Regina
Valley Ambulance Care Ltd.

ii) The following affiliates are incorporated as follows (and are registered charities under *The Income Tax Act*)

All Nations' Healing Hospital Inc.
Cupar and District Nursing Home Inc.
Lumsden & District Heritage Home Inc.
Pioneer Village Special Care Corporation
The Qu'Appelle Diocesan Housing Company
The Regina Lutheran Housing Corporation
The Salvation Army William Booth Special Care Home
Santa Maria Senior Citizens Home Inc.

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the RHA financial statements. Alternately, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

iii) The Hospitals of Regina Foundation (the Foundation) is a non-controlled not-for-profit entity that raises funds for programs and equipment for facilities under the Regina Qu'Appelle Health Region. The Foundation is incorporated under the *Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act*.

The activities of the Foundation are not consolidated into the RHA financial statements. Alternately, Note 9 b) iii) provides supplementary information on the financial position, results of operations, and cash flows of the Foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for the construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	-	2 1/2% to 6 2/3%
Leasehold improvements	-	2 1/2% to 20%
Equipment	-	5% to 30%

Donated capital assets are recorded at their fair value at the date of contribution.

e) Inventory

Inventories consist of general stores, pharmacy, and linen. All inventories are valued at cost. Cost of general stores and linen inventory is determined on a weighted average basis. Pharmacy inventory cost is determined on the first in, first out basis.

f) Investments

Investments are valued at the lower of cost and net realizable value.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they became known.

3. Capital Assets

	2005			2004		
	Cost	Accumulated Depreciation	Net Book Value	Cost	Accumulated Depreciation	Net Book Value
Land	$ 4,203,602	$ -	$ 4,203,602	$ 4,203,602	$ -	$ 4,203,602
Buildings	352,545,514	126,328,510	226,217,004	352,522,614	117,600,014	234,922,600
Land & Leasehold Improvements	4,489,488	2,714,156	1,775,332	4,467,165	2,558,500	1,908,665
Equipment	188,781,943	145,593,875	43,188,068	182,064,224	136,693,132	45,371,092
Construction in Progress	1,679,332	-	1,679,332	1,036,147	-	1,036,147
	$ 551,699,879	$ 274,636,541	$ 277,063,338	$ 544,293,752	$ 256,851,646	$ 287,442,106

4. Commitments

a) Capital Asset Acquisitions

At March 31, 2005, commitments for acquisitions of capital assets were $15,341,976 (2004 - $2,525,479).

b) Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next five years are as follows:

2005-2006	1,429,188
2006-2007	1,346,706
2007-2008	1,139,810
2008-2009	494,146
2009-2010	479,209

5. Mortgages and Loans Payable

	Interest Rate	Repayment Terms	S.H.C. Subsidy	2005	2004
Whitewood Community Health Centre					
CMHC Due December 2013	5.140%	$99,851 principal & interest	31,635	$ 1,030,640	$ 1,076,901
Eastern Saskatchewan Pioneer Lodge					
CMHC Due October 2017	5.875%	$10,814 principal & interest		96,394	101,452
CMHC Due October 2024	8.000%	$10,131 principal & interest		101,028	103,118
Grenfell & District Pioneer Home		$0 principal & interest		0	1,313
Golden Prairie Home					
CMHC Due December 2013	5.140%	$61,132 principal & interest	19,755	663,624	690,335
CMHC Due May 2024	7.625%	$18,687 principal & interest		189,623	193,900
Broadview & District Centennial Lodge					
CMHC Due August 2006	5.900%	$147,674 principal & interest	43,319	411,720	531,618
Silver Heights Special Care Home					
CMHC Due March 2013	5.380%	$49,785 principal & interest	60,000	656,071	670,601
Parkland Lodge					
CMHC Due April 2015	8.000%	$17,221 principal & interest		119,628	127,111
Echo Lodge					
CMHC Due September 2012	5.520%	$59,166 principal & interest	21,089	664,085	686,419
CMHC Due January 2023	7.500%	$3,243 principal & interest		32,095	32,933
CMHC Due January 2018	5.875%	$10,688 principal & interest		96,563	101,490
Medical Office Building					
Bank of Montreal - demand loan	3.875%	$373,287 principal & interest		3,115,422	3,370,881
Local Governments					
Pacific & Western - Due September 2008	6.560%	$69,364 to $78,629 principal & interest		244,488	326,115
Fort Qu'Appelle Regional Office					
Pacific & Western - Due November 2009	6.627%	$75,070 principal & interest		299,847	353,353
				$ 7,721,228	$ 8,367,540
		Less: Current portion		636,733	636,460
				$ 7,084,495	$ 7,731,080

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Security for the loans was given in the form of promissory notes, general security agreements, assignments of fire insurance and board resolutions.

The RHA assumed responsibility for a loan agreement with Pacific and Western Trust, which was made on behalf of local governments that committed funds for the construction of the Balcarres Integrated Care Centre. The local governments provided signed agreements for the annual payment of their portion of the loan. The balance owing from local governments is $256,789 (2004 - $324,846).

The Medical Office Building demand loan was to finance the construction of the Medical Office Building. This project is considered to be self-financing over a 20-year period and the loan is secured through assignment of rent receipts. Interest is at bank prime less .375%. There is a remaining fourteen-year amortization on this loan.

Principal repayments required in each of the next five years are estimated as follows:

2005-2006	636,733
2006-2007	669,528
2007-2008	703,977
2008-2009	607,245
2009-2010	522,973
2010 and subsequent	4,580,771

6. Deferred Revenue

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred.

	Balance Beginning of Year	Less Amount Recognized from Health	Add Amount Received from Health	Less Amount Recognized from Other Sources	Add Amount Received from Other Sources	Balance End of Year
Aboriginal Awareness	$ 80,830	$ 32,810	$ 144,191	$ -	$ -	$ 192,211
Aboriginal Awareness Representative Workforce	-	3,000	24,000	-	-	21,000
Cognitive Disabilities Enhancement	-	866	100,000	-	-	99,134
Cognitive Disabilities Medical Diagnostic Services	-	-	80,000	-	-	80,000
Cognitive Disability Consultant	-	-	35,000	-	-	35,000
Diabetes Foot Program	51,733	51,733	-	-	-	-
Diabetes Plan	-	10,190	60,000	-	-	49,810
Frontline Professional Development	-	-	122,920	-	-	122,920
Health Promotion Strategy	-	2,570	22,000	-	-	19,430
Healthline	264,579	3,097,260	3,030,000	-	-	197,319
Healthline Promotion	-	-	3,500	-	-	3,500
High Risk Youth	190,000	190,000	-	-	-	-
HIPA Pressures	-	-	120,750	-	-	120,750
IRCS/YCJA	166,671	227,895	120,000	-	-	58,776
Pay Equity	-	-	136,779	-	-	136,779
MDS Home Care	-	2,937	150,000	-	-	147,063
Medical Remuneration Issues	-	-	500,000	-	-	500,000
Nursing Standards Council	111,359	20,340	-	-	-	91,019
Phase 1 Transfusion Surveillance	45,000	45,000	-	-	-	-
Podiatry Diabetes	22,742	22,742	-	-	-	-
Preceptorship Training	-	2,965	125,000	-	-	122,035
Primary Health Care Initiatives	87,796	189,955	145,000	-	-	42,841
Primary Health Services	-	-	15,000	-	-	15,000
Professional & Clinical Development	-	-	143,180	-	-	143,180
Professional Leadership Training	-	18,000	36,000	-	-	18,000
Provincial Diabetes Plan 02/03	60,000	60,000	-	-	-	-
Provincial Diabetes Plan 03/04	60,000	60,000	-	-	-	-
Quality Health Workplace Initiatives	-	-	537,080	-	-	537,080
Research Project Nurses' Turnover	50,000	-	-	-	-	50,000
SIMS, IPHIS & Environmental Health Systems	-	-	10,000	-	-	10,000
Surgical Access Manager	-	-	99,025	-	-	99,025
Surgical Wait List Registry	-	85,000	85,000	-	-	-
Primary Health Care Position	78,600	88,359	80,500	-	-	70,741
Tobacco Enforcement	8,500	8,500	-	-	-	-
Acquired Brain Injury Program	205,087	-	-	625,391	420,304	-
Education Funds	57,446	-	-	97,983	180,984	140,447
Kids First	466,132	-	-	2,996,637	2,775,591	245,086
Research Grants	1,036,706	-	-	391,593	499,536	1,144,649
Medical Earnings Pool	583,561	-	-	36,681	33,255	580,135
Other	610,017	-	-	270,509	522,832	862,340
Total	$ 4,236,759	$ 4,220,122	$ 5,924,925	$ 4,418,794	$ 4,432,502	$ 5,955,270

7. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds			
	2005	2004	Capital	Community Trust	Total 2005	Total 2004
(Increase) Decrease in accounts receivable	$ 6,369,024	$(7,592,047)	$ 750,064	$ 52,981	$ 803,045	$ (199,747)
(Increase) Decrease in inventory	751,082	(1,147,325)	-	-	-	-
(Increase) Decrease in prepaid expenses	(557,943)	(2,101,170)	-	-	-	-
Increase (Decrease) in accounts payable	7,974,093	1,191,582	(7,362,179)	(185,971)	(7,548,150)	9,670,534
Increase (Decrease) in salaries & vacation payable	(651,710)	3,294,780	-	-	-	-
Increase (Decrease) in deferred revenue	1,718,511	(2,054,616)	-	-	-	(8,813)
	$ 15,603,057	$(8,408,796)	$ (6,612,115)	$(132,990)	$(6,745,105)	$ 9,461,974

8. Contingent Liability

a) City of Regina

A statement of claim dated January 17, 2003 was filed by the Administrative Board of the Regina Civic Employees' Long-Term Disability Plan, the Administrative Board of the Regina Civic Employees' Superannuation and Benefit Plan and the City of Regina as Plaintiffs against the Regina Qu'Appelle Regional Health Authority, Saskatchewan Association of Health Organizations, Health Sciences Association of Saskatchewan and Saskatchewan Union of Nurses as Defendants. The dispute is in relation to the two respective pension and long-term disability plans.

Currently the parties are in the Discovery Stage of the process.

b) Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time the Steering Committee has not yet reached any final decisions regarding the reconsiderations.

As the final results of the reconsideration process are currently unknown, the cost of the reconsiderations cannot be reasonably determined

9. Related Parties

a) Related Party Transactions

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in

the financial statements and the table below. They are recorded at standard rates charged by those organizations and are settled on normal trade terms.

	2005	2004
Accounts Receivable		
Health Quality Council	$ 124,297	$ -
Saskatchewan Cancer Foundation	891,894	3,356,798
Workers' Compensation Board	305,183	310,281
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 1,054,474	$ 2,014,957
SaskEnergy Incorporated	14,709	42,794
Saskatchewan Power	368,938	276,228
Saskatchewan Property Management Corporation	204,369	213,127
Saskatchewan Telecommunications	170,534	140,136
Saskatchewan Healthcare Employees' Pension Plan	1,743,793	-
Revenue		
Health Quality Council	$ 344,198	$ -
Saskatchewan Cancer Foundation	3,162,021	2,794,559
SGI Canada Insurance Services Ltd.	2,643,059	2,697,172
Workers' Compensation Board	2,245,940	2,339,917
Expense		
Saskatchewan Association of Health Organizations	$ 11,261,370	$ 17,356,565
Saskatchewan Healthcare Employees' Pension Plan	12,192,528	-
SaskEnergy Incorporated	389,878	378,568
SGI Canada Insurance Services Ltd.	27,645	30,900
Saskatchewan Power	3,786,958	3,764,836
Saskatchewan Property Management Corporation	1,899,658	1,881,492
Saskatchewan Telecommunications	1,922,162	2,080,887
SaskTel Mobility	27,998	31,029
Workers' Compensation Board	7,308,883	5,919,099

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2005	2004
615672 Sask Ltd. (Touchwood EMS)	$ 309,100	$ 322,087
Autism Resource Centre	314,860	309,995
Backlin's Ambulance Service Ltd.	401,173	433,940
City of Regina Transit Department	20,000	20,000
Cosmopolitan Activity Centre	28,030	28,030
Cupar Lions Volunteer Ambulance	154,943	183,577
Extendicare (Canada) Inc.	16,002,744	15,238,043
Imperial & District Ambulance	83,609	84,306
JT Ambulance Service Ltd.	262,662	287,983
Living Sky Ambulance	17,064	17,064
Lumsden & Craven Seniors' Program Inc.	22,500	22,500
Mental Health Association / Regina Branch Inc.	351,609	348,029
Milestone Assisted Living Advisory Board	25,250	25,250
Mobile Crisis Services, Inc.	86,065	85,213
Phoenix Residential Society	946,836	937,462
Planned Parenthood Regina	122,898	122,898
Prairie Ambulance Care (1998) Ltd.	216,364	226,960
Rainbow Youth Centre	166,316	164,700
Raymore Community Health & Social Centre	45,000	45,000
Red Cross	123,000	120,000
Regina Recovery Homes Inc.	1,491,464	1,575,781
Salvation Army Waterston Centre	158,371	149,851
Soo Line Ambulance	88,908	89,803
University of Regina	62,336	62,336
Valley Ambulance Care Ltd.	303,684	316,767
Miscellaneous Grants	28,398	56,995
	$ 21,833,184	$ 21,274,570

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The following presentation discloses the amount of funds granted to each affiliate:

	2005	2004
All Nations' Healing Hospital Inc.	$ 2,400,000	$ 2,233,969
Cupar & District Nursing Home Inc.	1,798,147	1,697,306
Lumsden & District Heritage Home Inc.	1,516,166	1,400,943
Pioneer Village Special Care Corporation	16,441,996	15,585,792
The Qu'Appelle Diocesan Housing Company	829,778	796,354
The Regina Lutheran Housing Corporation	3,420,435	3,244,772
The Salvation Army William Booth Special Care Home	4,487,636	3,949,898
Santa Maria Senior Citizens Home Inc.	5,792,700	5,546,134
	$ 36,686,858	$ 34,455,168

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2004 and 2003 and for the years then ended:

	Total 2004	Total 2003
Balance Sheet		
Assets	$ 10,576,356	$ 9,648,627
Net Capital Assets	22,647,090	22,639,421
Total Assets	$ 33,223,446	$ 32,288,048
Total Liabilities	16,454,316	16,385,471
Total Net Assets (Fund Balances)	16,769,130	15,902,577
	$ 33,223,446	$ 32,288,048
Results of Operations		
RHA Grant	$ 34,024,646	$ 31,480,148
Other Revenue	12,057,420	11,703,060
Total Revenue	46,082,066	43,183,208
Salary & Benefits	38,372,856	33,453,646
Other Expenses*	6,333,156	8,720,285
Total Expenses	$ 44,706,012	$ 42,173,931
Excess Revenue over Expenses	$ 1,376,054	$ 1,009,277

* Other Expenses includes amortization of $240,385 (2003 - $267,599)

Cash Flows		
Cash from Operations	$ 1,470,072	$ 1,190,093
Cash used in Financing Activities	(1,068,187)	(1,960,603)
Cash used in Investing Activities*	108,273	802,136
Increase in Cash	$ 510,158	$ 31,626

*Cash used in Investing Activities includes capital purchases of $379,241 (2003 - $234,800)

iii) Fund Raising Foundations

The Hospitals of Regina Foundation Inc. is an independent non-profit corporation without share capital that has its own Board of Directors. It provides donations to the RHA for capital equipment, education and research purposes. Its accounts are not included in these financial statements. As of December 31, 2004 it has net assets of $9,873,959 (2003 - $7,654,073). During the year, the Foundation provided funding of approximately $2,718,631 (March 31, 2004 - $3,085,762) for programs and capital acquisitions reported in donations and ancillary income. These amounts were used to fund capital assets, education and research projects at the Regina General Hospital, the Pasqua Hospital and the Wascana Rehabilitation Centre.

	December 31, 2004	December 31, 2003
Balance Sheet		
Total Assets	$ 11,937,148	$ 8,534,153
Total Liabilities	2,063,189	880,080
Total Net Assets (Fund Balances)*	9,873,959	7,654,073
	$ 11,937,148	$ 8,534,153

* In accordance with donor-imposed restrictions $1,979,270 (2003 - $835,762) of the foundation's net assets must be used to purchase specialized equipment.

Results of Operations		
Other Revenues	$ 6,422,522	$ 5,284,080
Total Revenues	6,422,522	5,284,080
Total Expenses*	4,202,636	4,544,994
Excess of revenue over expenses	$ 2,219,886	$ 739,086

* Total expenses include contributions of $2,772,193 (2003 - $3,288,997) to the RHA and amortization of $26,816 (2003 - $23,550)

Cash Flows		
Cash from operations	$ 2,238,888	$ 603,889
Cash used in financing and investing activities*	(34,437)	(708,879)
Increase (Decrease) in cash	$ 2,204,451	$ (104,990)

* Investing activities include capital purchases of $39,500 (2003 - $23,857)

10. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2005 was $57,681 (2004 - $78,193). These amounts are not reflected in the financial statements.

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

- Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan that came into effect December 31, 2002. Prior to December 31, 2002 this plan was the SAHO Retirement Plan and was governed by the SAHO Board of Directors.
- Regina Civic Employees' Superannuation and Benefit Plan (RCP), which is a defined benefit plan. The RCP is administered by a jointly trusteed board (equal employer and employee representatives).

- Public Service Superannuation Plan (a related party), which is also a defined benefit plan. This plan is administered by a Cabinet appointed board of directors.
- Public Employees' Pension Plan (a related party) which is a defined contribution plan. This plan is administered by a Cabinet appointed board of directors.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. The RHA follows defined contribution plan accounting for its participation in these plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

Pension expense for the year amounted to $20,185,222 (2004 - $15,068,179) which is included in benefits in Schedule 1.

12. Budget

The RHA Board approved the 2004-2005 budget plan on June 30, 2004.

13. Insurance

The RHA purchases liability insurance from Healthcare Insurance Reciprocal of Canada (the Reciprocal). Under the terms of the Subscribers' Agreement, with respect to a policy period where revenues exceed expenses, any premium surplus may be refunded to the Reciprocal's subscribers on a proportionate basis after the subscriber has been enrolled with the Reciprocal for more than four years. This is the RHA's eighth year in the agreement with the Reciprocal. Similarly, if there is a deficiency of revenues, the Reciprocal may collect such premium deficiency from its Subscribers on a proportionate basis. The Reciprocal maintains a stabilization fund to cover future deficiencies. Also, the Reciprocal is insured for claims in excess of $1 million. There is no premium surplus for the current year and there are no claims reported that are expected to exceed the policy limits.

14. Workers' Compensation Board

On July 16, 2001 the Regina Qu'Appelle Regional Health Authority was served notice by Saskatchewan Workers' Compensation Board of its intent to terminate, without cause, the joint operating agreement between the two parties. In March 2005 funding was received from Saskatchewan Health to repay Workers' Compensation Board the depreciated value of the portion of the facility funded by Saskatchewan Workers' Compensation Board.

15. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Cancer Foundation, health insurance companies, the Federal Government or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:
  - cash and short-term investments
  - accounts receivable
  - accounts payable
  - accrued salaries and vacation payable
- For investments, the fair value of $21,670,432 (2004 - $7,781,627) is considered to approximate quoted market values.
- The fair value of mortgages payable before the repayment required within one year is $3,929,667 (2004 - $4,510,968) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.
- For the bank overdraft and debt, fair value is considered to be their carrying amounts.

a) Operating Line-of-Credit

The RHA has an unsecured line of credit limit of $31,514,987 approved by the Minister of Health in 1999. Interest on the outstanding balance is charged at bank prime less .75%. Total interest paid on the line of credit was $339,690 (2004 - $642,254).

16. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2005			2004		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	-	210,265	(210,265)	-	280,282	(280,282)
SHC reserves	(85,720)	85,720	-	308,063	(308,063)	-
Mortgage payments	-	-	-	-	-	-
Other	-	-	-	-	-	-
	$ (85,720)	$ 295,985	$ (210,265)	$ 308,063	$ (27,781)	$ (280,282)

17. Comparative Information

Certain 2003-04 balances have been reclassified to conform to the current year's presentation.

Schedule 1

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the year ended March 31

	Budget 2005	2005	2004 (Note 17)
Operating:			
Benefits	$ 53,506,306	$ 52,688,828	$ 47,967,819
Board costs	144,770	148,877	137,337
Diagnostic imaging supplies	1,647,229	1,372,991	1,366,711
Drugs	10,941,335	10,763,649	9,208,699
Food	4,596,890	4,428,654	4,404,836
Grants to ambulance services	1,845,668	1,838,397	1,963,487
Grants to third parties	56,581,152	56,681,645	53,766,251
Housekeeping and laundry supplies	2,234,222	1,980,403	1,967,591
Information technology contracts	2,709,584	2,686,274	2,438,927
Insurance	1,311,298	1,277,318	1,045,550
Interest	1,111,447	555,761	903,303
Laboratory supplies	4,990,672	4,879,805	4,361,162
Medical and surgical supplies	24,865,656	25,307,237	23,732,662
Medical remuneration and benefits	41,219,105	40,323,576	38,242,557
Office supplies and other office costs	1,968,676	1,771,278	1,793,514
Other	9,343,114	8,781,187	8,150,435
Other referred out services	411,981	456,766	309,956
Professional fees	10,441,182	10,055,932	11,213,147
Prosthetics	10,126,855	11,324,582	9,054,440
Purchased services	368,392	330,984	307,405
Rent/lease costs	4,926,201	4,796,090	4,450,639
Repairs and maintenance	8,436,701	8,789,599	7,152,964
Salaries	271,205,225	277,023,458	265,945,144
Service contracts	850,748	959,692	689,046
Travel	3,567,564	2,803,776	3,202,891
Utilities	9,404,798	8,674,583	8,217,866
	$ 538,756,771	$ 540,701,342	$ 511,994,339
Restricted			
Amortization		$ 17,837,098	$ 17,264,391
Loss on Disposal of Fixed Assets		-	-
Other		566,334	572,533
		$ 18,403,432	$ 17,836,924

Schedule 2

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the year ending March 31, 2005

	Amount	Maturity	Effective Rate
Restricted			
Cash and Short-Term			
Chequing and Savings			
Bank of Montreal - Regina	16,618,053		
Broadview Credit Union	6,136		
CIBC - Regina	415,858		
CIBC Wood Gundy Cash Account	499,649		
Cornerstone Credit Union - Lestock	3,173		
Cornerstone Credit Union - Raymore	18,046		
Moosomin Credit Union	7,338		
RBC Dominion Securities - Cash Account	29		
Royal Bank - Balcarres	32,396		
Royal Bank - Indian Head	12,702		
Royal Bank - Moosomin	12,654		
Royal Bank - Regina	7,873		
TD Canada Trust - Grenfell	18,998		
	$ 17,652,905		
Investments			
Alberta Municipal Finance	55,792	06/01/05	4.60%
Government of Canada	136,385	06/01/05	5.22%
Province of Ontario	18,936	06/01/05	2.56%
Province of Ontario	35,192	06/02/05	2.56%
Saskatchewan Savings Bonds	635,100	07/15/05	5.75%
Farm Credit Corporation	170,000	08/15/05	4.25%
Bank of Montreal GIC	33,800	09/29/05	2.00%
Province of Ontario	297,200	12/01/05	5.39%
Province of Ontario	81,637	12/02/05	2.48%
Province of Ontario	143,774	12/02/05	5.40%
Government of Canada Treasury Bill	208,964	02/23/06	2.55%
Province of Nova Scotia	331,000	03/15/06	5.50%
Renaissance Canadian T-Bill Fund	14		
Renaissance Canadian Money Market Fund	47,760		
	$ 2,195,554		
Long-Term Investments			
Alberta Treasury Branches	413,868	06/09/06	3.25%
Farm Credit Canada	81,024	11/15/07	3.00%
Farm Credit Corp	16,871	04/15/07	3.50%
Government of Canada	80,723	12/01/06	3.25%
Government of Canada	133,657	09/01/07	4.50%
Government of Canada	95,906	09/01/07	4.50%
Province of Ontario	11,699	12/02/06	2.66%
Saskatchewan Savings Bonds	10,700	07/15/07	3.25%
Saskatchewan Savings Bonds	380,200	07/15/08	3.00%
	$ 1,224,648		
Total Restricted Investments	$ 21,073,107		

Unrestricted				
Cash and Short-Term				
Cash on Hand - Deposit		61,322		
Petty Cash		50,113		
	$	111,435		
Long-Term Investments				
Saskatchewan Savings Bonds Series 10		101,500	07/15/06	4.25%
Saskatchewan Savings Bonds Series 11		39,100	07/15/07	3.25%
Farm Credit Corporation		187,000	02/15/08	4.50%
Unamortized bond premium		1,387		
	$	328,987		
Total Unrestricted Investments		440,422		
Total Investments	$	21,513,529		
Cash & short-term investments	$	19,959,894		
Investments		1,553,635		
	$	21,513,529		

Schedule 3

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the year ended March 31, 2005

	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Transfer to Investment in Capital Asset	Transfer to External Foundation	Balance End of Year
Capital Fund							
Balcarres Integrated Care Centre	$ 50,128	$ 1,413	$ 13,165	$ 3,232	$ 13,703	-	$ 47,771
Echo Lodge	36,110	704	2,374	1,115	1,840	-	36,233
Home Care	4,075	82	-	-	-	-	4,157
Saskatchewan Health Construction	263,156	-	-	-	50,734	-	212,422
Silver Heights	9,219	16,249	7,695	16,645	-	-	16,518
St. Joseph's Integrated Care Centre	4,728	25	6,547	-	12,906	-	(1,606)
	367,416	18,473	29,781	20,992	79,183	-	315,495
Community Trust Fund							
Balcarres Integrated Care Centre	87,789	1,453	12,300	2,500	-	-	99,042
Broadview & District Centennial Lodge	303,233	15,591	13,355	-	8,750	-	323,429
Broadview Hospital	453,404	19,333	7,310	-	13,531	-	466,516
District Office	1,280	-	-	-	-	-	1,280
Eastern Saskatchewan Pioneer Lodge	50,653	-	290	3,251	-	-	47,692
Golden Prairie Home	457,505	20,365	5,262	7,803	41,250	-	434,079
Grenfell Area	557,670	10,902	2,040	400	50,554	-	519,658
Home Care	6,579	-	593	757	-	-	6,415
Indian Head Hospital	47,533	3,971	26,729	1,224	37,264	-	39,745
Lakeside Home	15,055	-	2,716	2,601	4,191	-	10,979
Montmartre Health Centre	99,180	4,511	1,339	414	-	-	104,616
Moosomin Hospital	2,443,834	11,916	3,778	2,100	28,197	2,172,391	256,840
St. Joseph's Integrated Care Centre	207,884	10,984	-	14,636	-	-	204,232
Whitewood Community Health Centre	97,613	1,152	18,011	13,176	5,431	-	98,169
Wolseley Memorial Hospital	335,328	15,720	3,970	-	21,097	-	333,921
	5,164,540	115,898	97,693	48,862	210,265	2,172,391	2,946,613
Total Externally Restricted Funds	$ 5,531,956	$ 134,371	$ 127,474	$ 69,854	$ 289,448	$2,172,391	$ 3,262,108

Schedule 4

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the year ended March 31, 2005

	Balance Beginning of Year	Investment Income Allocation	Annual SHC Allocation	Expense	Investment in Capital	Balance End of Year
Balcarres Integrated Care Centre	$ 108,000	$ -	$ 5,527	$ -	$ 5,527	$ 108,000
Broadview & District Centennial Lodge	15,199	-	9,405	-	-	24,604
Eastern Saskatchewan Pioneer Lodge	20,404	-	15,400	-	9,571	26,233
Echo Lodge	47,168	-	32,830	-	3,274	76,724
Golden Prairie Home	115,790	-	-	-	-	115,790
Grenfell Pioneer Home	86,167	-	7,108	-	3,275	90,000
Silver Heights	67,094	-	7,750	-	14,099	60,745
Whitewood Community Health Centre	(7,470)	-	7,700	-	4,962	(4,732)
	$ 452,352	$ -	$ 85,720	$ -	$ 40,708	$ 497,364

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation.

The above schedule shows the changes in these reserve balances during the year.

Schedule 5

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
SCHEDULES OF
For the year ended March 31, 2005
BOARD REMUNERATION, BENEFITS, AND ALLOWANCES

	2005				2004		
Board Members	Retainer & Per Diems	Other Benefits[1]	Other Expenses	Total	Retainer & Per Diems	Benefits & Other Expenses	Total
Chairperson							
Knuttila, M. - Retainer	$ 9,960	$ 320	$ -	$ 10,280	$ 9,960	$ 320	$ 10,280
Knuttila, M. - Meetings	13,617	4,467	3,863	21,947	18,825	4,116	22,941
Board Members							
Bergman, A.	6,538	1,975	2,594	11,107	5,081	1,508	6,589
Boutilier, L.	8,150	1,912	4,301	14,363	7,194	1,806	9,000
Connolley, P.	7,238	4,330	5,143	16,711	11,150	5,527	16,677
Elford, L.	9,887	1,248	2,017	13,152	8,888	2,264	11,152
Everett, M.	6,462	4,332	8,559	19,353	12,331	8,235	20,566
Fisher, T.	4,450	534	938	5,922	5,594	840	6,434
Leier, B.	11,050	2,823	1,352	15,225	5,144	935	6,079
Poitras, B.	3,800	1,417	1,496	6,713	4,913	2,165	7,078
Semenchuck, G.	1,850	66	55	1,971	1,825	196	2,021
Taylor, A.	4,250	219	660	5,129	4,200	1,028	5,228
Ward, C.	5,425	2,075	2,693	10,193	8,244	3,353	11,597
	$ 92,677	$ 25,718	$ 33,671	$ 152,066	$ 103,349	$ 32,293	$ 135,642

(1) Benefits include employer CPP and all travel time

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE

	2005							2004			
					Severance						
Staff	Number of FTE's	Salary[1]	Benefits & Allowances[2]	Subtotal	Number of FTE's	Amount	Total	Number of FTE's	Salary, Benefit & Allowances	Severance	Total
President & CEO	1.00	$ 274,823	$ 24,898	$299,721	-	$ -	$299,721	1.00	$ 285,633	$ -	$ 285,633
Senior Positions											
Regional Medical Health Officer	1.00	189,759	15,483	205,242	-	-	205,242	1.00	181,816	-	181,816
Senior Vice President, Health Services	1.00	174,713	21,323	196,036	-	-	196,036	1.00	189,126	-	189,126
Senior Vice President, Medical Services	0.50	144,608	13,736	158,344	-	-	158,344	0.50	161,310	-	161,310
Vice President, Corporate Services	1.00	139,740	18,548	158,288	-	-	158,288	1.00	150,395	-	150,395
Vice President, Human Resources[3]	1.00	65,244	12,144	77,388	-	-	77,388	1.00	113,365	-	113,365
Vice President, Medical Services	0.50	105,088	9,139	114,227	-	-	114,227	0.50	116,537	-	116,537
Vice President, Operations Support	1.00	137,745	23,540	161,285	-	-	161,285	1.00	149,364	-	149,364
Vice President, Primary Health Care	1.00	124,550	15,086	139,636	-	-	139,636	1.00	129,234	-	129,234
Vice President, Restorative & Continuing Care	1.00	124,550	15,086	139,636	-	-	139,636	1.00	129,235	-	129,235
Vice President, Specialty Care	1.00	124,550	15,086	139,636	-	-	139,636	1.00	129,234	-	129,234
	10.00	$1,605,370	$ 184,069	$1,789,439	-	$ -	$1,789,439	10.00	$1,735,249	$ -	$1,735,249

(1) Includes regular base pay, overtime, lumpsum payments, honoraria and any other direct cash remuneration including sick leave and vacation
(2) Benefits and allowances include employer's share of statutory and non-statutory benefits, including contributions and premiums in respect of Canada Pension Plan, Employment Insurance, Workers Compensation Board, pension, group life insurance, disability income plan, extended health care plan, core and extended dental plan and employee's taxable allowances.
(3) The position was occupied for a portion of the year.

Appendix A – Performance Management Summary

Indicator		RQHR	Provincial Comparison	Range
Organizational Effectiveness Indicators				
2.1.1.1.	CCHSA current accreditation status for RHAs	n/a	n/a	n/a
2.1.1.2.	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2003-04*	888	n/a	n/a
	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *Updated figures for 2004-05*	*1000*	n/a	n/a
2.1.1.3.	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2003-04*	90%	87%	25% - 90%
	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *Updated figures for 2004-2005*	*91%*	n/a	n/a
2.1.1.8.	Number of sick leave hours per full time equivalent (FTE) PROVIDER UNIONS (CUPE; SEIU; SGEU) *2004-05*	93.64	94.84	74.09 – 107.86
	Number of sick leave hours per full time equivalent (FTE) HSAS *2004-05*	65.88	63.34	52.54 – 120.03
	Number of sick leave hours per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	45.11	47.69	38.86 – 56.87
	Number of sick leave hours per full time equivalent (FTE) SUN *2004-05*	97.43	93.07	70.00 – 98.43
2.1.1.9.	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) PROVIDER UNIONS (CUPE; SEIU; SGEU) *2004-05*	34.73	26.65	11.30 – 61.97
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) HSAS *2004-05*	32.94	22.38	2.89 – 48.65
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	1.6	2.43	0.00 – 6.45
	Number of overtime hours per full time equivalent (FTE) SUN *2004-05*	95.58	63.99	19.92 – 314.54

Indicator		RQHR	Provincial Comparison	Range
2.1.1.10.	Health system full time equivalents (FTEs) PROVIDER UNIONS (CUPE; SEIU; SGEU) *2004-05*	3,740.39	n/a	n/a
	Health system full time equivalents (FTEs) HSAS *2004-05*	565.15	n/a	n/a
	Health system full time equivalents (FTEs) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	471.85	n/a	n/a
	Health system full time equivalents (FTEs) SUN *2004-05*	1,641.98	n/a	n/a
2.1.1.11.	Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2004-05*	7.39	6.52	4.32 – 9.67
2.1.1.12.	Number of lost-time WCB days per 100 full time equivalents (FTEs) *2004-05*	404.53	345.86	152.43 – 492.92
2.1.1.17.	Worked hours as a percentage of paid hours PROVIDER UNIONS (CUPE; SEIU; SGEU) *2004-05*	80.3%	79.8%	78.5% - 81.5%
	Worked hours as a percentage of paid hours HSAS *2004-05*	81.4%	82.0%	79.7% - 83.5%
	Worked hours as a percentage of paid hours OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	83.0%	81.1%	69.5% - 83.7%
	Worked hours as a percentage of paid hours SUN *2004-05*	77.4%	79.1%	77.3% - 85.4%
2.1.1.18.a	Working capital ratio *2004-05*[1]	0.48	n/a	n/a
2.1.1.18.b	Number of days able to operate with working capital *2004-05* [1]	0 days	n/a	n/a
2.1.1.19.	Surplus/deficit as a percentage of actual expenditure *2004-05* [1]	0.26%	n/a	n/a
2.1.1.21.	Budget versus actual expenditures ACUTE CARE funding pool *2004-05* [1]	.987	n/a	n/a
	Budget versus actual expenditures SUPPORTIVE CARE funding pool *2004-05* [1]	.989	n/a	n/a
	Budget versus actual expenditures COMMUNITY BASED CARE funding pool *2004-05* [1]	1.038	n/a	n/a
	Budget versus actual expenditures PROGRAM SUPPORT funding pool *2004-05*[1]	1.027	n/a	n/a

Indicator		RQHR	Provincial Comparison	Range
Program-Specific Indicators				
Province Wide Services				
2.2.1.2.	Number of exams for specialized medical imaging services: magnetic resonance imaging (MRI) scans *2004-05*	4,957	n/a	n/a
2.2.1.3.	Number of exams for specialized medical imaging services: computed tomography (CT) scans *2004-05*	43,685	n/a	n/a
2.2.1.4.	Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB) *2004*	69 days	59 days	41 – 76 days
2.2.1.6.	Alcohol and drug inpatient treatment completion rate[ii] per 100 admissions – Calder Centre Child & Youth *2003-04*	61.7%	61.6%	44.4 - 91.7%
2.2.1.6.	Alcohol and drug inpatient treatment completion rate[iii] per 100 admissions – Calder Centre Adults *2003-04*	75.9%	70.3%	50.0- 95.5%
Acute Care Services				
2.2.2.3.a	Number of surgical cases *2004-05*	19,401	n/a	n/a
2.2.2.3.b	Percentage of surgical cases performed as day surgery *2004-05*	48.0%	53%	48% - 66%
2.2.2.4.	Percentage of surgical cases completed within 6 months, 12 months, and 18 months *2004-05*	74%;85%; 95%	81%; 91%; 95%	74-100%; 85-100%; 93-100%
Institutional Supportive Care Services				
2.2.4.5.	Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores *Q2 2004-05 (Quarterly Report – October 2004)*	16.2%	21.8%	12.7% – 29.1%
	Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores **Updated figure for fiscal year 2004-05** *Prevalence of grade 3 & 4 pressure sores 2004-05*	*17.5%* *2.6%*	n/a	n/a
Population Health Services				
2.2.6.1.	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) DIPHTHERIA *2004** * NOTE: SIMS does not capture on-reserve immunizations	69.5%	73.3%	57.3% - 86.3%

Indicator		RQHR	Provincial Comparison	Range
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) MEASLES *2003** * NOTE: SIMS does not capture on-reserve immunizations	67.5%	71.7%	57.3% - 85.6%
2.2.6.6.	Genital chlamydia rate per 100,000 population MALES *2003*	253.3	268.1	27.4 – 3,259.0
	Genital chlamydia rate per 100,000 population FEMALES *2003*	457.1	473.4	53.8 – 5,784.4
2.2.6.7.	Influenza immunization rate per 100 population (age 65 years and over) *2003-04*	70.5%	65.8%	56.8% – 72.8%
2.2.6.8.	Population health promotion plan approved by RHA boards and submitted as part of health region operational plans (fall 2004) *[yes/no indicator]*	Yes	n/a	n/a
	Population health promotion plan progress report submitted March 31, 2005 *[yes/no indicator]*	Yes	n/a	n/a
Community Care Services				
2.2.7.2.	Alcohol and drug outpatient treatment completion rate[3] per 100 admissions *2003-04*	71.1%	58.4%	43.7-72.6%
Primary Health Services				
2.2.9.1.	Percentage of the population served by primary health care teams *March 2005*	13.94%	23.89%	0.0% – 100.0%
2.2.9.3.	Total number of new primary health care teams in the current fiscal year *2004/2005*		n/a	n/a
2.2.9.4.	Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.5.	Regional Operational / Budget Plan includes an updated Diabetes Management Plan *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.6.	Regional Operational / Budget Plan outlines potential financial requirements *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.7.	Regional Health Authorities participated in 3-year and 5-year evaluations of demonstration sites, as required *2004-05 [yes/no indicator]*	Yes	n/a	n/a

Indicator		RQHR	Provincial Comparison	Range
Emergency Response Services				
2.2.10.1.	Percentage of ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training *2003-04*	99.92%	98.76%	70.17– 100.0%
Mental Health and Addiction Services				
2.2.11.2.	Mental health inpatient readmission rate per 100 mental health inpatient separations *2003-04*	18.4%	20.2%	17.9% – 26.3%
2.2.11.3.	Alcohol and drug inpatient treatment completion rate[3] per 100 admissions *2003-04*	67.5%	68.2%	62.3% – 79.4%
Program Support Services				
2.2.13.1.	Administrative expenditures in program support funding pool as a percentage of overall base operating funds *2004-05* [1]	4.8%	n/a	n/a
Health Status and Outcome Indicators				
3.1.1.1.	Infant mortality rate per 1,000 live births *1998-2002*	7.06	6.24	1.70 – 15.66
3.1.1.2.a	Low birth weight rate per 100 live births *1998-2002*	5.63	5.26	4.34 – 6.19
3.1.1.2.b	High birth weight rate per 100 live births *1998-2002*	15.0	15.7	13.1 – 26.7
3.1.1.4.a	Disability-free life expectancy (at birth) MALES *1996*	66.4	66.6	61.8 – 69.2
	Disability-free life expectancy (at birth) FEMALES *1996*	70.3	70.0	63.2 – 72.5
3.1.1.4.b	Disability-free life expectancy (at age 65 years) MALES *1996*	11.1	11.2	8.7 – 12.1
	Disability-free life expectancy (at age 65 years) FEMALES *1996*	13.0	12.7	8.4 – 13.2
3.1.1.5.a	Life expectancy (at birth) MALES *2001*	76.4	76.2	72.1 – 78.2
	Life expectancy (at birth) FEMALES *2001*	81.9	81.8	76.1 – 82.8
3.1.1.5.b	Life expectancy (at age 65 years) MALES *2001*	17.1	16.9	15.6 – 18.0
	Life expectancy (at age 65 years) FEMALES *2001*	21.0	20.9	17.2 – 21.8
3.1.1.6.	Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent *2003*	61.7%	59.5%	47.6% – 63.7%

Indicator		RQHR	Provincial Comparison	Range
3.1.1.7.	Percentage of population (age 12 years and over) who are current, daily or occasional smokers MALES *2003*	26.2%	24.6%	20.8% – 40.7%
	Percentage of population (age 12 years and over) who are current, daily or occasional smokers FEMALES *2003*	23.6%	23.1%	11.6% – 42.0%
3.1.1.8.a	Percentage of population (age 18 to 64 years) who are overweight (BMI 25.0-29.9) *2003*	38.2%	35.8%	31.7%- 41.8%
3.1.1.8.b	Percentage of population (age 18 to 64 years) who are obese (BMI 30.0+) *2003*	16.4%	20.5%	16.4%-27.2%
3.1.1.10.a	Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active *2003*	52.8%	49.8%	41.7% – 56.1%
3.1.1.10.b	Percentage of population (age 12 years and over) who report physical activity participation levels of inactive *2003*	44.7%	47.8%	41.0% – 56.4%
3.1.1.12.	Age-adjusted diabetes prevalence rate per 1,000 population *2001-02*	38.9	n/a	29.5 – 72.5
3.1.1.13.	Injury hospitalization rate per 1,000 population (age 0 to 19 years) MALES *2002-03*	11.2	9.3	6.7 – 17.6
	Injury hospitalization rate per 1,000 population (age 0 to 19 years) FEMALES *2002-03*	7.5	6.5	4.6 – 12.0
3.1.1.14.	Hospitalization rate due to falls per 1,000 population (age 65 years and over) MALES *2002-03*	14.8	13.4	3.6 – 20.2
	Hospitalization rate due to falls per 1,000 population (age 65 years and over) FEMALES *2002-03*	27.0	25.1	0.0 – 35.0

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[i] Financial data for indicators 2.1.1.18 – 2.1.1.21 & 2.2.13.1 are preliminary.

[ii] These numbers reflect clients who received individual assessment and treatment and do not include clients who received group therapies. The RQHR Addictions Services provides both individual and/or group treatment to their clients.

[iii] These numbers reflect clients who received individual assessment and treatment and do not include clients who received group therapies. The RQHR Addictions Services provides both individual and/or group treatment to their clients.

Regina Qu'Appelle
HEALTH REGION

Addendum to
Regina Qu'Appelle Health Region
Annual Report 2004-2005

Payee Disclosure Lists

List 1

Payments to Employees through the Payroll System for the period April 1, 2004 through March 31, 2005
(including salary, mileage claims and car allowances)

List 2

Payments to Vendors through the Accounts Payable System for the period April 1, 2004 through March 31, 2005
(cheques issued and electronic funds transferred by Financial Services)

These lists are also available for viewing upon request, during regular business hours, at any of the Region's Health Sciences Libraries, located at the Regina General and Pasqua hospitals, and the Wascana Rehabilitation Centre.

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2005

Personal Services

Listed are individuals who received payment for salaries, wages, honorariums, etc. which total $50,000 or more

Abadiano, Linda	$	110,196	Antoine, Lani	57,196
Abell Thome, Cathie		61,520	Antonio, Angela	58,219
Abello, Sandra		62,946	Apperley, Barry	68,124
Abello, Timothy		50,106	Appleby, Shannon	51,757
Abera, Elsabet		68,364	Arbuthnot, Blair	72,075
Ackles, Danae		72,656	Archer, Yvonne	63,577
Adair, Carol		63,108	Arguin, Len	72,638
Adamko, Brenda		54,254	Arguin, Patricia	62,797
Adams, Michael		64,051	Arklie, Chris	52,360
Ahlquist, Elijah		62,238	Armstrong, Shawn	64,730
Ahlquist, Lorna		135,109	Arscott, Susan	57,856
Ahmed, David		105,088	Arvidson, Kristin	73,469
Aho, Marlene		62,787	Arvidson, Sherry	67,570
Airir, Abdellah		50,114	Asante, Ethelda	51,602
Alarcon, Irene		69,041	Ashman, Juliet	54,914
Aldinger, Anita		62,073	Assman, Lori	69,450
Alfano, Beverly		69,408	Ast, Bonnie	63,628
Alfonso, Brenda		69,868	Ast, Marie	88,033
Ali, Meimuna		55,073	Atkins, Eileen	65,852
Aljada, Ibrahim		240,646	Aubichon, Yvonne	51,306
Allan, Bruce		52,938	Ayer, Janet	68,592
Allard Johnson, Michelle		64,883	Baber, Carla	50,205
Allen, Marla		50,798	Babuik, Richard	69,407
Allen, Mary		67,605	Bachmann, Linda	67,796
Allerdings, Marilee		58,237	Bachtold, Jodie	50,455
Almassy, Nicole		56,496	Backlin, Christina	64,461
Alport, Edward		324,817	Backlin, Dale	57,548
Alport, Lois		50,559	Bacon, Peggy	61,427
Alston, Candace		71,224	Badgley, Catherine	88,442
Amy, Gwen		58,052	Baer, Elizabeth	62,421
Amyotte, Bernadett		57,662	Bailey, Patricia	63,732
Amyotte, Elma		64,595	Baily, Karen	61,086
Amyotte, Stacey		69,427	Bain, Diane	56,639
Andersen, April		55,538	Baiton, Susan	81,997
Anderson, Carol		62,313	Bajo, Arnulfo	82,125
Anderson, Janet		61,170	Baker, Tricia	58,329
Anderson, Lewis		51,577	Balak, Janet	69,580
Anderson, Maureen		67,348	Balch, Laurie	67,177
Anderson, Sharon		75,987	Baldock, Rita	62,925
Andreas, Trent		76,320	Ball, Dorothy	53,654
Angielski, Verna		86,017	Balycky, Annette	61,290
Antal, Jonathan		82,493	Bamhour, Heather	52,953

Bancescu, Sheida	67,779	Benedik, Corinne	69,458
Banfield, Lucy	60,147	Benitez, Engelbert	71,727
Baniulis, Margaret	61,481	Benjoe, Janice	51,697
Banning, Sharon	69,787	Benko, Donna	67,865
Barber, Susan	53,287	Bennett, Lori	61,929
Bardal, Terry	75,790	Benning, Margot	54,626
Barkman, Louise	58,704	Benoit, Deborah	61,561
Barnard, Herman	55,321	Benoit, Linda	65,695
Baron, Michael	58,952	Benz, Cara	50,374
Barr, Taryn	68,597	Bereti, Lorilee	61,992
Barrett, Pauline	67,908	Bereziuk, Chantel	78,015
Barrington, Jane	64,524	Bergen, Stephanie	64,026
Barth, Carol	54,097	Bergquist, Lorie	76,679
Bashutski, Melanie	64,810	Berhe, Tesfagher	72,317
Bateman, Enid	58,031	Bernhardt, Geraldine	63,590
Bater, Charolett	62,483	Betemps, Valerie	58,379
Bathgate, Debra	67,167	Beutel Fox, Bonny	68,727
Batiuk, Tayne	56,109	Beutler, Linda	63,108
Bauer, Egistina	80,551	Beutler, Muriel	63,399
Baumgartner, Karen	60,414	Biasotto, Daria	59,561
Baumgartner, Nina	54,241	Biberdorf, Lisa	69,543
Bearss, Leslie	62,080	Bichel, James	72,743
Beaton, Debbie	77,101	Bidwell, Nicole	73,986
Beattie, Kathryn	64,489	Biech, Lauri	55,381
Beauchesne, Elaine	59,173	Bien, Marilyn	60,767
Beaurivage, Barbara	63,247	Bigalky, Jodie	56,616
Beaurivage, Ginger	53,600	Bilyk, Tracy	51,449
Bechard, Carol	73,752	Birchard, Lynn	59,276
Beck, Jeanette	58,937	Bird, Linda	73,672
Beck, Lynanne	67,589	Birns, Beverley	72,076
Becker, Gail	58,616	Bishop, Barbara	56,303
Begg, Elizabeth	60,117	Bishop, Sharon	74,036
Beggs La Riviere, Gail	64,879	Bissett, Sandra	68,842
Beggs, Ryan	59,409	Bizzarri, Arlene	84,900
Behnke, Wanda	54,762	Bjerland, Glorianne	62,384
Behr, Glen	64,740	Black, Marilyn	81,159
Beisel, Patricia	64,982	Blackmer, Barb	62,719
Beitel, Catherine	64,956	Blackmore, Christie	64,341
Beitel, Laura	66,092	Blackwell, Maitland	63,288
Beitel, Linda	74,277	Blair, Brenda	54,030
Belay, Sherry	61,339	Blair, Ruth	74,412
Bell, Debbie	52,711	Blakley, Cindy	52,530
Bell, Jerry	70,884	Blayone, Sherie	51,803
Bell, Kerri	57,846	Blommaert, Patricia	69,960
Bell, Stacey	56,528	Blomme, Elaine	64,755
Bellamy, Judith	55,337	Blondeau, Rena	52,838
Bellavance, Gord	66,833	Boczulak, Dianne	70,863
Bender, Barbara	65,717	Bodani, Jayalaksh	316,955

Bodnar, Christina	74,661	Brodziak, Shelley	63,108
Bodnarchuk, Linda	58,594	Bromm, Jennifer	56,097
Bodnard, Stacey	56,581	Brooks, Denise	50,154
Bodnaryk, Sharon	65,073	Brooks, Jennifer	50,214
Boehlen, Reid	59,684	Brossart, Cory	69,532
Boehm, Darryl	77,911	Brotzel, Susan	58,597
Boehm, Michelle	67,471	Broughton, Marlene	67,764
Boey, Joan	61,383	Brown, Beverly	61,862
Bogdan, Janet	60,104	Brown, Bonnie	61,862
Bogdan, Rhiannon	63,474	Brown, Janice	64,846
Bolen, Carla	73,567	Brown, Jeannine	95,993
Bondarchuk, Eric	77,793	Brown, John	71,472
Bonderoff, Hazel	62,781	Brown, Marlene	57,877
Bonk, Esther	66,966	Brown, Nancy	74,150
Booker, Elizabeth	62,552	Brown, Shauna	52,890
Booker, John	77,305	Brown, Sheri	52,141
Booty, Kerry	50,652	Brownlee, Dianne	63,326
Bordas, Fred	67,872	Brubacher, Mary	73,672
Bosovich, Darlene	51,488	Bruce, Geneva	82,051
Boucher, Scott	52,852	Brule, Roxanne	50,835
Boulet, Nathan	66,927	Bruneau, Louise	77,808
Bowditch, Elsie	58,870	Brunskill, Vicki	64,097
Bowen, Francis	239,559	Bryant, Lenore	62,543
Bowman, Jane D	73,880	Brydon, Daniel	51,002
Bowman, Janelle	73,061	Bryson, Genevieve	82,411
Boyd, Darlene	65,001	Buchanan, Linda	61,310
Boyd, Marion	63,840	Bucko, Tracy	51,623
Bradley, Meghan	56,503	Buckoski, Mary	62,093
Bradley, Shelly	55,995	Buckton, Kevin	80,569
Brady, Ray	52,293	Buddecke, Judith	72,858
Braithwaite, Donna	63,959	Budinski, Holly	60,634
Braithwaite, Rhonda	62,041	Buemio Campbell, Cecilia	101,646
Braun, Dona	58,013	Buergel, Robyn P	50,296
Braun, Kathryn	66,437	Bugiera, Claudette	71,108
Bremner, Carolyn	77,694	Bugoy, Ken	112,352
Brentnell, Wanda	59,825	Buhler, Tracy	64,018
Brewster, Cara	54,160	Bulka, Shirley	70,282
Brian, Daniel	53,753	Bullivant, Linda	60,135
Briand, Sandra	63,380	Bullock, Linda	63,817
Briere, Bonnie	74,628	Burant, Colette	60,513
Briere, Celeste	73,102	Burgess, Sharon	63,320
Brigidear, Marie	62,349	Burkitt, Shannon	66,622
Brin, Jolyn	59,843	Burnay, Gisele	70,550
Bristol, Ken	71,720	Burt, Brenda	64,181
Britton, Debra	55,878	Burton, Betty	73,416
Broadfoot, Blair	67,282	Burton, Linda	76,207
Brockman, Anita	60,476	Busch, Julie	53,055
Brodie, Brian	76,687	Buss, Florence	57,794

Butler, Joyce	66,112	Chan, Catherine	55,396
Butler, Karen	65,988	Chan, Michael	52,534
Buzash, Robert	61,944	Chanig, David	54,164
Buzila, Dora	76,363	Chapman, Brenda	60,750
Bye, Myrna	65,451	Chapple, Alan	82,547
Cabacungan Ecim, Clarina	67,970	Charleson, Sharon	89,233
Cabigon, Enrico	303,859	Chartier, Lanaya	60,191
Cadrin, Louise	52,051	Chartrand, Rhonda	56,900
Caithcart, Richard	54,398	Chatterson, Kelly	61,242
Calam, Elizabeth	59,993	Cheney, Janet	58,825
Calder, Doug	96,067	Chernesky, Karen	74,643
Calhoon, Mae	56,614	Cherwaty, Darren	73,121
Calimente, Doris	58,892	Cherwaty, Gail	62,403
Calland, Bryan	73,151	Chestney, Sherry	51,632
Callum, Marilyn	65,259	Chevalier, William	57,775
Calvin, Jennifer	56,309	Chew, Foong Mei	55,174
Cameron, Bonnie	54,982	Chicoine, Marisa	50,481
Cameron, Faith	95,805	Chisholm, Joanne	78,306
Cameron, Julie	53,783	Chomos, Heather	56,413
Cameron, Katherine	61,127	Chomyn, Terry	54,247
Cameron, Kathleen	67,318	Chorney, Linda	69,666
Cameron, Rita	64,502	Chorneyko, Anita	71,472
Cameron, Tina	56,220	Christensen, Donna	60,089
Camins, Jocelyn	80,185	Christensen, Robert E	50,114
Campbell, Brenda	53,600	Christoph, Valerie	103,043
Campbell, Jared	71,816	Chu, Florence	64,105
Campbell, Margaret	52,905	Churchman, Carol	64,743
Campbell, Traci	65,121	Cibart, Janice	58,792
Cano, Laura	68,771	Ciuca, Judith A	68,437
Capewell, Kathryn	60,874	Clare, Robert	78,102
Cargill, Brad	68,584	Clark, Carole	63,747
Carignan Young, Joanne	58,262	Clark, Jamie	55,445
Carlson, Ed	52,826	Clark, Lizanne	51,736
Carlson, Lorri Ann	80,016	Clark, Velda	86,937
Carlson, Sandra	60,690	Clarke, Ellen	68,304
Carlson, Stephanie	51,724	Clarke, Norman	52,757
Carlson, Teresa	63,124	Clarkson, Tracy	58,627
Carr, Lisa	50,422	Clay, Adeline	54,736
Carson, George	196,038	Clein, Lawrence	187,736
Carson, Ramona	52,222	Clement, Loreen	71,664
Carteri Bitz, Francesca	50,933	Coates, Nancy	67,908
Carton, Susan	66,846	Cobbledick, Bev	52,044
Carubio, Ruth	90,369	Coburn, Ronald	62,654
Carvell, Jennifer	62,377	Colclough, Arthur	70,579
Carvell, Leona	64,745	Cole, Judy	89,262
Cazakoff, Sharon	66,934	Coles, Kathy	57,716
Ceholski, Elaine	54,653	Colin, Ronald L	74,855
Cerato, Janice	64,300	Connolly, Trevor	233,975

Contreras, Gisela	64,313	Dartige, Mona	52,786
Cook, Laurie	54,949	Daschle, Lisa	59,581
Cook, Stephanie	64,085	Davalos, Pablo	69,344
Cooney, Duddow	66,755	Davidowich, Lorrie	78,154
Cooper, Christina	60,599	Davidson, Barbara	101,791
Cooper, Daniel	56,171	Davidson, Colleen	53,806
Cooper, Ronald	60,993	Davidson, Vivian	65,239
Corkery, Judith	62,886	Davies, Karen	57,631
Cortes, Stacey	75,474	Davies, Valerie	84,633
Costante, Tamara	62,902	Davis, Dawn	96,799
Cote, Marion	57,477	Dawson, Lorna	60,577
Cote, Shannon	60,303	Day, Christine	65,067
Coulson, Carla	50,983	Dayne, Jacquelen	77,983
Coulter, Bill	66,562	Dean, Kathy	64,978
Coulthard, Maureen	71,624	Dearle, Bonnie	55,268
Cox, Twana	65,553	Debaets, Marcie	56,721
Cozine, Denise	63,023	Debesai, Michael	55,166
Craig, Angeline	62,435	Decano, Felina	90,841
Craig, Dawn	60,867	Deck, Suzanne	90,337
Craven, Valorie	69,775	Deets, Barbara	53,312
Crawford, Judy	52,338	Degelman, Marilyn	59,132
Crerar, Elsie	65,271	Deis, Patti	62,945
Crittenden, Shirley	59,107	Dela Cruz, Theresa	59,457
Crone, Darlene	63,770	Delainey, Linda	66,064
Crookshanks, Carolyn	57,710	Demeria, Anne	66,503
Croteau, Sandra	60,258	Demerse, Vicki	54,109
Crozier, Margaret	65,675	Demoskoff, Darlene	63,108
Crozier, Stella	61,813	Deneiko, Lyndsay	52,965
Cruise, Loretta	76,640	Denholm, Tammy	53,028
Cuddington, Terry	72,519	Denny, Barbara	72,241
Culig, Ernesto	50,901	Denouden, Kathleen	58,068
Culig, Glory	127,183	Dentremont, Andre	64,138
Currie, Lynne	94,221	Derrick, Roy	103,062
Currie, Marg	51,781	Desjardins, Annette	56,679
Curtis, Deborah	52,904	Desrochers, Miranda	60,938
Curtis, Patricia	61,253	Desrosiers, Bernard	58,829
Cwynar, Chris	62,163	Devaraj, Ramachand	239,534
Czmuchalek, Alysia	50,680	Devenney, Stella	62,026
Daaza, Rosemary	65,859	Devine, Dallas	54,020
Daborn, Jacquelin	66,726	Devine, Sandra	62,178
Dahl, Diana	51,540	Dew, Catharine	59,744
Daku Owens, Dianne	88,579	Dewald, Connie	61,931
Daku, Jan	50,183	Dewitt, Kathryn	56,454
Dancsok, Marie	59,512	Dhas, Anita	56,315
Danielson, Deborah	73,656	Dhillon, Kam	75,924
Danylczuk, Mike	53,315	Dhir, Geeta	54,848
Danyliw, Brian	61,162	Dickie, Sheila	52,344
Darjes, Paulette	66,828	Dickie, Stephen	88,367

RQHR Payee List 2004 - 05

Dickson, Diane	63,332
Dielschneider, Lori	90,750
Dielschnieder, L ane	72,949
Diener, Tania	189,759
Dimler, Marcia	63,047
Dixon, Laura	57,705
Dixon, Lois	63,108
Dmyterko, Zenia	51,843
Dmytrow, Cory	61,689
Doan, Dorothy	75,047
Dobra, Sandra	60,538
Dobson, Marlene	58,319
Doering, Frances	68,338
Dolha, Lloyd	71,507
Donald, Heather	72,143
Donauer, Sharlene	57,897
Donison, Jennifer	60,351
Donnelly, Mellissa	77,970
Donovan, Lisa	65,758
Dorgan, Heather	66,243
Dornstauder, Candace	52,306
Dornstauder, Kenneth	71,314
Dosenberger, Elaine	61,954
Douglas, Hazel	68,655
Dovell, Peggy	73,133
Down, Barbara	66,671
Downey, Scott	64,514
Doyle, Karen	64,953
Drackett, Nancy	64,759
Drake, Peggy	63,403
Dreher, Annemarie	54,881
Dubin, Michelle	63,360
Dubois, Brenda	57,294
Duchak, Catherine	63,381
Ducharmie, Tricia	54,549
Dufour, Debra	61,277
Dumelie, Patrick	174,714
Dumont, Erica	62,328
Dumont, Loreen	64,147
Duncan, Wendy	59,004
Duncanson, Judith	61,115
Dunfield, Vera	69,639
Dunford, Lynette	66,635
Dunphy, Corry	52,653
Dunville, Deanna	69,374
Dupont, Heidi	54,286
Dutchak, Kristin	100,162
Dybvig, Colleen	68,412
Dyck, Darla	62,466
Dyck, Dena	50,784
Dyck, Donna	64,521
Dynna, Joan	58,566
Dynna, Lisa	56,541
Earnshaw, Karen	62,992
Earnshaw, Theresa	58,522
East, Lori	65,676
Easton, Bonnie	62,585
Eberle, Eleanor	63,381
Eberts, Lori	68,697
Eckert, Laurie	66,116
Edge, Linda	69,819
Edmands, Carol	71,571
Edmands, Jeff	74,740
Edwards, Joanne	76,548
Edwards, Nancy	55,440
Ehrlich, Victoria	67,056
Ehrmantraut, Donald	69,265
Eisenzimmer, Kathryn	59,608
Ekberg, Roberta	71,603
Elder, Carla	62,405
Elder, Marian	58,019
Eley, Maureen	54,875
Ell, Grettalyn	79,123
Ell, Sandra	62,649
Elliott, Heather	66,558
Elliott, Virginia	91,277
Ellis, Carla	64,577
Ellis, Tracey	70,405
Emery, Alison	52,934
Engel, Patricia	63,852
Engele, Kathleen	90,143
Engen, Kathy	93,977
English, Darcy	69,916
Enmark, Sherry	55,991
Enright, Arlene	67,606
Entner, Darren	80,162
Erfurt, Carolyn	60,106
Erickson, Heather	65,007
Erickson, Judith	54,550
Erman, Connie	52,705
Erwin, Dre	56,754
Escanlar, Anabellee	70,128
Espenell, Gaye	66,180
Euraoba, Cecilia	79,511
Euteneier, Sandra	72,509
Evans, Donna	58,629

Evans, Donna	137,745
Evans, Leah	59,152
Eves, Sandra	57,805
Exner, Joann	53,540
Fahlman, Dana	55,563
Farkas, Lynnmarie	52,059
Farley, Margaret	64,954
Farmer, Carol	51,666
Farnell, Sheila	54,629
Farr, Lorie	61,180
Farrell, Barbara	58,964
Farrell, Grace	67,615
Farrow, Vicki	67,044
Faucher, Lyanne	60,967
Fauchon, Michelle	61,709
Faul, Hendrik	260,308
Faye, Ian	71,003
Fedec, Jacquline	53,776
Federko, David	62,619
Federspiel, Karen	53,841
Fedirko, John	92,511
Fehr, Elaine	58,738
Feltin, Susan	62,576
Fenske, Carlisle	54,617
Ferguson, Kathy	239,674
Fernandez, Janis	60,086
Fesciuc, Kimberley	58,538
Field, Susan	71,163
Filippi, Shelly	84,594
Fink, Wendy	70,632
Fiorante, Connie	56,844
Fischer, Chandra	64,027
Fischer, Claire	62,702
Fischer, William	53,511
Fishbook, Dayna	52,318
Fisher Phillips, Heidi	69,975
Fisher, Eileen	54,803
Fisher, Monique	78,333
Fitzgerald, Jeremiah	71,229
Fitzsimmons, Donald W	50,170
Fizzard, Sheldon	69,168
Fladager, Lisa	72,601
Flaman, Deborah	52,046
Flaman, Jeanne	50,126
Flaman, Nancy	81,094
Flaman, Sharon	69,876
Fleece, Jason	56,938
Flegel, Joanne	59,110
Fleming, Donna	58,111
Flengeris, Helen	54,172
Fletcher, Rhonda	56,442
Flood, Ramona	60,850
Fluter, Glenda	67,601
Fluter, Lenore	66,993
Fogolin, Karyn	59,447
Fohr, Chris	61,474
Foley, Darlyn	52,258
Folgering, Tina	54,493
Folk, Maria	50,562
Fonger, Carol	62,288
Fontanie, Leanne	52,878
Forbes, Heather	51,994
Ford, Grace	54,145
Fornwald, Echo	51,021
Forrester, Laurine	54,701
Forsberg, Peggy	57,946
Forshner, Ruby	64,638
Foster, Lori	59,841
Foster, Monica	50,734
Fouhse, Brian	51,853
Fowler, Linda	63,108
Fowlow, Debbie	64,541
Fraipont, Wendy	59,293
Francis, Barbara	62,423
Francis, Dev	69,594
Francis, Lynda	69,579
Fraser, Deborah	55,058
Fraser, Holly	77,096
Fraser, Judith	102,321
Frasz, Cheryl	70,043
Fraynak, Joanne	60,298
Freeman, Bonnie	59,078
Freeman, Joanne	79,506
Freeman, Karol	60,553
Frei, Tasha	75,534
Frier, Debbie	56,189
Friesen, Wendy	56,998
Frischholz, Tanis	61,622
Frisko, Renee	58,555
Fritz, Lola	51,580
Frohlick, Jill	56,022
From, Sandra	71,472
Fromm, Linda	60,447
Fry, Brenda	62,269
Fry, Dianne	63,824
Funke, Annamarie	59,966

Gabel, Grant	74,297	Gillespie, Heather	50,453
Gabel, Leslie	60,395	Gilroy, Karin	57,270
Gabora, Balynda	60,080	Giokas, Shirley	57,213
Gadica, Sandra	62,874	Girard, Susan	58,762
Gagne, Rhonda	61,711	Glasser, Carol	64,353
Gaillard, Patricia	64,702	Glendenning, Lorraine	76,907
Gallagher, Roxanne	62,665	Glettler, Marlene	52,907
Gallais, Nicole	58,935	Glines, Gail	60,783
Garchinski, Lori	65,584	Globa, Maryann	62,343
Gardikiotis, Tracy	55,237	Goetz, Anthony	52,466
Gardner, Linda	51,976	Gokavi, Christina	59,234
Garratt, Sharon	78,721	Gold, Heather	63,005
Garthson, Andrea	60,365	Goldstone, Shannon	69,223
Gartner, Anne	51,101	Golem, George	65,998
Gasper, Jennifer	62,886	Golubovic, Dragan	62,781
Gate, Melissa	56,559	Good, Susan	58,260
Gattinger, Clare	55,298	Goodbrand, Ivy	69,083
Gauthier, Debbie	62,938	Gorin, Valerie	67,684
Gawley, Barbara	53,721	Gotchia, Guylaine	102,859
Gebhard, Victoria	51,716	Gottinger, Dorothy	53,962
Gelinas, Faye	54,672	Goudreau, Robert	66,172
Gentles, Shirley	86,899	Goudy, Myles	53,592
George, Tricia	54,899	Graessli, Dea	67,348
Gerein, Brenda	58,974	Graff, Yvonne	73,490
Gerein, Ruth	51,861	Grammatico, Dino	311,544
Gerhardt, Theresa	65,778	Grandish, Susan	69,141
Germaine, Sandra	72,471	Granello, Yvonne	52,493
Gerrard, Shirley	65,112	Granger, Morag	68,495
Gerwing, Darlene	59,101	Grasby, Murray	53,476
Gessner, Dustin	56,746	Gray, Carolyn	72,872
Gettle, Peggy	59,400	Greaves, Annemarie	62,909
Getz, Alice	66,777	Greaves, Jolene	61,554
Ghaniabadi, Dianna	155,728	Greaves, Patricia	58,070
Gibson, David	56,916	Grebinsky, Cindy Lou	76,039
Gibson, Drew	58,983	Green, Dianne	65,390
Gibson, Janice	56,473	Greene, Verla	59,241
Gibson, Jeff	89,598	Greenhow, Harriet	56,342
Gibson, Sandra	58,008	Greenwood, Mary Lou	52,910
Gieg, Brian	59,217	Greenwood, Pat	69,070
Gieni, Shirley	64,785	Gregoire, Barbara	67,594
Giesinger, Katherine	57,464	Griffiths, Tara	74,671
Gilbert, Ingrid	72,170	Grigg, Karlee	59,313
Gilbert, Jennifer	61,478	Grills, Gloria	54,408
Giles, Penny	59,205	Grimm, Helen	67,580
Gilewicz, Dennis	63,483	Grobowsky, Kerri	52,985
Gilewicz, Eileen	62,028	Gronhovd, Wanda	64,442
Gill, Marianne	62,794	Gross, Linda	75,409
Gillanders, Jennifer	57,760	Gryschuk, Paul	51,818

Gudmundson, Valerie	51,324	Hartley, Karen	83,052
Guerra, Fernando	58,157	Hartley, Laurie An	58,955
Guerrero Oneil, Marielena	56,362	Hartley, Teresa	52,036
Guerrero, David	84,782	Hartness, Collin	72,157
Guest, Margaret	61,865	Hartney, John	71,023
Guillemin, Jo Anne	62,611	Hartwell, Randi	62,079
Gummeson, Maryellen	71,593	Harty, Carolyn	60,363
Gunn, Gerald	64,513	Harvey, Ella	73,559
Guraluk, Sheila	70,204	Harvey, Patricia	65,560
Gurskey, Connie	57,130	Hastings, Patricia	71,541
Gurski, Penny	54,014	Hauglum, Jodi	65,749
Gutwin, Kim	64,342	Haukaas, Barry	61,639
Guy, Melinda	51,898	Hauser, Corina	53,595
Gwilliam, Rosella	65,899	Hauser, Jeff	61,833
Gyorfi, Cindy	54,157	Hauser, Kara	60,446
Habicht, Kyla	51,762	Hawco, Nicole	60,855
Hadwen, Marilyn	58,039	Hawes, Cynthia	53,254
Haennel, Linda	51,922	Hawkins, Cynthia	65,812
Hagen, Naomi	61,111	Haydalo, Elwood	67,139
Hagman Obst, Lana	62,223	Hayes, Margaret	81,754
Haines, Winnifred	57,753	Hazen, Michelle	55,057
Hains, Deana	70,137	Head, Dorothy	62,906
Halbgewachs, Maxine	58,719	Heal, Anne	56,592
Hale, Barbara	63,578	Heaney, Celeste	63,540
Hall, Collette	75,594	Heathcote, Jon	52,980
Hall, Shirley	55,329	Hedlund, Dave	95,671
Hall, Trevor	72,547	Heebner, David	77,631
Halladay, Amanda	54,368	Hegedus, Beverley	59,239
Halldorson, Hallie	54,085	Heggestad, Randalie	52,612
Hamblin, Elona	53,219	Hegion, Margaret	60,591
Hameluck, Paul	52,486	Heiberg, Melody	56,630
Hamer, Jody	60,085	Hein, Carol	72,254
Hamill, Janie	50,572	Heinrichs, Menno	70,248
Hamilton, Mary	71,004	Heinrichs, Pamela	69,701
Hammond, Janet	55,086	Heisler, Doreen	58,201
Hanna, Shari	56,447	Helberg, Diane	51,872
Hannah, Suzanne	63,818	Heller, Wendy	52,534
Hanson, Brenda	91,210	Hembroff, Barbara	56,117
Harder, Brenda	59,856	Henderson, Penny	64,400
Hardy, Susan	52,170	Hendrickson, Brenda	71,647
Harkness, Cara	59,724	Henneberg, Patricia	57,415
Harle, Connie	50,112	Hennink, Maurice	177,964
Harmer, Jack	56,982	Henry, Doris	54,038
Harreman, Kristine	59,184	Henry, Jenifer	60,893
Harris, Yvonne	56,270	Hepworth, Shelley	51,590
Harrison, Ian	59,059	Herasymuik, Elaine	65,909
Harrison, Kimberley	63,599	Herauf, Melanie	50,431
Hart, Heidi	50,350	Herauf, Reesha	50,710

Herbison, Sherry	63,108	Holt, Cheryl	53,813
Herchuk Norris, Lorie	53,234	Holt, Trina	58,476
Hernando, Jessica	65,376	Homes, Brenda	54,030
Heroux, Martin	240,567	Homes, Wendy	66,343
Herr, Greg	50,763	Hooker, Cara	54,185
Hewitt Creek, Gabrielle	62,523	Hopfauf, Lori	69,129
Hextall, Denise	50,999	Hopkin, Erin	57,596
Hicke, Janice	60,788	Hopkins, Anna	53,217
Hickey, Jacquelin	58,485	Hopkins, Elaine	65,728
Hickie, Laurie	57,335	Horbach, William	122,860
Hiebert, Brenda	64,624	Horejda, Natalie	59,233
Hiebert, Orrey	62,653	Horne, Iris	51,580
Hiibner, Linda	57,301	Hornung, Lisa	62,503
Hildebrand, Teresa	59,456	Horsman, Paulette	104,408
Hildebrandt, Carmen	57,397	Horton, Christine	65,739
Hildred, Colin	53,062	Horvath, Joyce	50,178
Hill, Joanne	83,310	Horvath, Julie	50,317
Hill, Micheal	61,671	Horvath, Lois	69,489
Hill, Sandra	54,768	Horvey, Lisa	59,109
Hillier, Justin	60,330	Hosaluk, Suzanne	64,426
Hillyard, Leonard	57,168	Hough, Jan	52,960
Hipfner, Carol	54,544	Howat, Henriette	62,155
Hitchcock, Edward	56,542	Howden, Janice	61,944
Hitchcock, Trudy	82,267	Howell, Lorna	67,913
Hladun, Deanna	84,495	Howie, Douglas	76,589
Hnidek Wilson, Lydia	64,747	Hozempa, Darlene	52,430
Hockley, Elaine	65,034	Hrynowetsky, Denice	74,024
Hodges, Rachel	60,804	Hrynowetsky, Sheldon	75,403
Hodgson, Barbara	62,075	Hrynuik, Crystal	57,068
Hodson, Dellina	57,967	Huber, Charlene	56,192
Hodson, Paul	62,435	Huber, Lori	55,358
Hoeflicher, Jean	58,870	Huber, Sharon	66,674
Hoeft, Marie	53,470	Hubich, Fran	54,414
Hofer, Sandra	61,221	Hubick, Cheryl	53,500
Hoff, Judy	57,808	Hudell, Melinda	57,225
Hoffart, Jan	53,584	Huel, Jean	65,756
Hoffert, Michele	52,859	Huel, Jeannette	51,870
Hoffman, Mary	66,086	Huel, Lynda	58,043
Hoffman, Shelley	55,167	Hueser, Mary Ann	55,809
Hoffmeyer, Anette	66,375	Hugel, Eugene	68,831
Hogg, Sarah	80,481	Hughes, Maureen	62,868
Holden, Amy	59,323	Hughes, Patricia	52,812
Holden, Kathryn	65,555	Hughes, Robin	240,552
Holfeld, Sandra	50,772	Hui, Bosco	63,886
Holliday, Sharon	58,582	Hung, Elsie	75,040
Holiinger, Colleen	53,001	Hungle, Christine	53,553
Hollis, Ruth	52,514	Hunko, Valerie	81,601
Holmes, Marcia	64,335	Hunt, Stacy	63,683

Hunter, Della	68,330	Johnson, Janis	77,947
Hunter, Nancy	63,216	Johnson, Jeannette	63,067
Hunter, Susan	80,375	Johnson, Laurie	66,999
Huntley, Donna	68,032	Johnson, Pamela	58,592
Husum, Cheryl	50,301	Johnson, Patti	70,451
Hutchings Besse, Janice	83,384	Johnson, Penelope	59,224
Hutchinson, Marian	97,349	Johnson, Sherry	62,091
Hutchinson, Shirley	50,190	Johnson, Vaughn	84,243
Huys, Deborah	65,717	Johnston, Heather	67,740
Hydaman, Janis	52,558	Johnston, Lorraine	63,292
Iannetta, Victoria	55,032	Jones, Edward	317,576
Ingham, Darren	52,851	Jones, Karen	68,391
Ingham, Dianna	62,811	Jones, Sandra	61,525
Ingram, Lynne	67,648	Jones, Sylvia	83,633
Ingrouville, Bonny	60,481	Jordan, Sharren	58,808
Innes, Heather	77,175	Jordens, Sheila	54,395
Ireland, Evelyn	66,574	Jordheim, Gerald	54,058
Irvine, Erin	54,255	Jors, Roberta	61,509
Isaac, Michelle	72,003	Joseph, Roy	54,495
Isaak, Joan	55,032	Jumaga, Evelyn	50,652
Ismond, Carla	65,561	Kach, Deborah	66,656
Issel, Brenda	61,282	Kachaluba, Tamara	62,841
Issel, Curtis	69,596	Kaedan, Annette	57,831
Ivanochko, Elizabeth	85,673	Kalapesi, Zarin	324,155
Iverson, Paul	64,080	Kambeitz, Gailene	52,884
Ives, Roger	50,285	Kanchana, Manickam	111,179
Izumi, Caroline	62,572	Kanciruk, Pamela	64,148
Jackiw, Susan	69,924	Kane, Kyra	55,606
Jackson, Donna	61,092	Kardynal, Ben	57,828
Jackson, Jeffery	55,913	Karkulowski, Maryann	50,446
Jackson, Joy	67,825	Karkut, Chantel	51,830
Jackson, Linda	58,145	Karnes, Flo	68,873
Jackson, Shannon	64,317	Karr, Theresa	65,348
Jacobs, Dawn	51,951	Kashmere, Dianne	62,237
Jacobson, Shelley	62,672	Katchuck, Jennifer	55,851
James, Bonnie	70,635	Kattler, Andrea	52,243
Jamroziak, Jerzyk	50,055	Katzberg, Blaine	64,905
Janz, Sherri	64,103	Kauk, Dianne	52,301
Jardine, Glen	51,115	Kay, Seonaid	63,879
Jardine, Jeannette	75,699	Kaye, Mary Anne	55,138
Jarikre, Alero	60,443	Kaytor, Jill	56,707
Jensen, Karen	53,617	Kearns, Marilyn	66,803
Jeske, Beverly	72,231	Keenan Arp, Cathy	63,464
Jeske, Jacquelin	50,291	Keenan, Louise	96,723
Jeske, Winona	61,828	Keichinger, Lynette	56,193
Johns, Kirby	82,212	Keith, Ellen	63,495
Johnson, Arlene	75,491	Keleman, Patti	63,188
Johnson, Brenda	62,951	Keller, Leigh	63,801

Keller, Patricia	57,870
Kelley, Mary	53,453
Kellington, Beverly	62,067
Kellington, Grenda	66,543
Kelln, Cheryl	53,817
Kelly, Bette	52,714
Kemp, Michelle	57,559
Kempton, Brian	60,164
Kendrick, Susan	64,893
Kennedy, Rachel	53,974
Kennedy, Trena	53,202
Keulen, Lynn	61,996
Kew, Rose Mari	54,089
Keyowski, Terrance	53,255
Keyowski, Theresa	66,711
Khalifa, Amer	311,040
Khan, Bibi	102,006
Kiel, Hyun	59,978
Kimmerly, Elizabeth	70,522
King, Brenda	64,669
King, Garry	87,106
King, Marlene	61,356
Kinney, Wendy	89,455
Kirby, Angus	284,855
Kirby, Joanne	56,291
Kirby, Lois	63,047
Kirsch, Joyce	59,037
Kissack, Pam	52,004
Kitchen, Brent	71,360
Klassen, Amy	53,844
Klassen, Carol	139,740
Klassen, Joleen	51,561
Klassen, Nadine	56,938
Klassen, Peggy	54,480
Klatt, Shayleen	57,595
Klebeck, Deana	68,878
Klein, Carl	68,233
Klein, Carollynn	64,457
Klein, John	59,228
Klein, Lana	62,308
Klein, Lori Lynn	65,779
Klein, Tom	75,928
Klempner, Dianne	58,361
Kletchko, Joanne	62,087
Klevgaard, Linda	58,291
Klimek, Gail	65,503
Klotz, Steven	67,936
Kluk, Debra	63,678
Kluk, Dennis	59,123
Knapman, Jamie	54,736
Knapp, Randall	92,018
Koch, Shannon	60,985
Koffler Hubbs, Loralyn	77,743
Kohl, Dan	84,841
Kohm, Karen	62,286
Kolb, Lavonne	63,594
Kolls, Lorna	53,831
Koltun, Margaret	73,047
Korchinski, Jaime	78,200
Kosabek, Debbie	68,894
Kosar, Deloris	67,377
Kosar, Tammy	52,541
Kostiuk, Cheryl	78,487
Kostiuk, Laurie	51,541
Kot, Nancy	63,706
Kot, Pamela	59,767
Kotowich, Richard	66,271
Kotylak, Rhonda	54,153
Koutsoulis, George	63,297
Kowalski, Charles	279,925
Kozack, Katherine	76,681
Kozak, Lori	57,110
Kozakewich, Carol	60,783
Kozakewycz, Diane	75,393
Kozusko, Jarrett	55,095
Kraemer, Diana	70,320
Kraetzig, Maria	79,372
Kraft, Sherry	62,813
Krahenbil, Elizabeth	60,246
Krahn, Kathy	61,662
Krahn, Sharon	60,312
Kramer, Joanne	55,389
Kramer, Nancy	66,888
Krause, Catherine	50,765
Kraushar, Della	58,453
Kraushar, Larry	68,195
Kreis, Debbie	62,663
Kreke, Doris	66,881
Kress, Dorena	68,800
Kreutzer, Gennine	51,462
Krieger, Laureen	60,788
Kristoff, Anna	64,947
Krogsgaard, Susanne	64,309
Krohn, Sheila	65,225
Kruger, Sabrina	53,875
Krumenacker, Monamaria	55,515

Krysak, Kathleen	61,595	Latoski, Katherine	65,830
Kubiak, Angela	57,609	Latoski, Patricia	59,023
Kuciuk, Shannan	51,954	Lauman Hartmier, Barbara	61,384
Kuculym, Jeannette	61,528	Laursen, Brian	144,608
Kuderewko, Wendy	59,584	Lavanway, Amber	57,166
Kula, Alicia	58,460	Lawrence, Monica	73,337
Kummer, Susan	56,078	Lawrence, Robin	50,360
Kuntz, Agatha	51,443	Lawson, John	71,088
Kuntz, Donald	76,982	Layne, Bob	64,955
Kupchyk, Sherri	55,211	Layton, Lorrie	50,496
Kurenoff, Joanne	71,483	Lazurko, Susan	56,478
Kurtz, Linda	50,550	Lebedin, Sissel	57,811
Kuyek, Dale	68,056	Leblanc, Patricia	62,172
Kwan, Davin	60,542	Leboldus, Sylvia	66,214
Kydd, Jason	61,818	Lebruno, Roger	54,644
Kyrylchuk, Sharon	62,561	Lechinsky, Debbie	59,795
La Haye, Chantel	54,472	Lee, Angeline	107,430
Labatt, John	124,550	Lee, Maureen	59,188
Labossiere, Anita	64,195	Lee, Patricia	58,085
Labuschagne, Berto	64,932	Leech, Lanna	70,484
Lacroix, Lori	59,167	Legault, Dana	65,055
Lamarche, Shawn	60,881	Legault, Lydia	61,634
Lamers, Troy	80,121	Lehr, Craig	51,119
Landry, Timothy	79,440	Leibel, Greg	74,683
Lang, Bruce	72,388	Leier, Barbara	55,592
Lang, Danita	60,185	Leier, Owen	74,403
Lang, Edith	62,610	Leier, Rose	52,488
Lang, Michael	64,400	Leko, Carmen	50,516
Lange, Alden	110,266	Lemoine, Julie	51,329
Lange, Simon	62,019	Lemon, Diane	64,074
Langevin, Monica	62,343	Len, Dennis	68,388
Langford, Karen	73,819	Lenz, Christine	57,550
Langlois, Brandy	51,630	Lenzen, Taryn	59,301
Langstaff, Joan	76,069	Leonard, Ellie	60,871
Lanigan, Kara	54,786	Lerat, Maureen	62,389
Lanigan, Krista	60,713	Leruyet, Charmayne	57,689
Lanz, Lawny	70,022	Letain, Rae Lynn	66,868
Larden, Ross	53,753	Letang, Arlis	69,631
Larmour, Brent	63,990	Leugner, Loralyn	54,660
Larrivee, Diane	124,550	Leurer, Deanne	52,378
Larsen, Derrick	82,731	Levasseur, Eyke	64,073
Larsen, Pamala	68,491	Leverick, Gordon	58,057
Larson, Darcy	64,133	Leverington, Jessica	51,480
Larson, Joan	55,312	Lewicki, Laura	51,653
Larson, Laureen	73,982	Li, Beather	64,577
Larson, Sheila	71,739	Li, Qiuyan	310,503
Latimer, Wanda	53,329	Lindsay, Rae	63,951
Lato, Kimberly	62,318	Lindsay, Shirley	58,202

Lindstrom, Jane	65,244	Mactavish, James	59,755
Lionetti, Donna	63,291	Mader, Darlene	75,040
Lippai, Jennifer	50,955	Mader, Janet	59,620
Lizee, Rona	66,282	Madrilejos, Estefania	53,584
Llarena, Melanie	88,895	Magnuson, Maureen	64,215
Lloyd, Kathleen	68,322	Magotiaux, D Arcy	99,723
Lochbaum, Roberta	63,652	Mah, Jeffrey	50,152
Lockert, Elizabeth	69,568	Mahoney, Patricia	54,426
Lockert, Lori	64,381	Mahovsky, Larry D	60,867
Loffler, Janice	55,484	Maier, Janet	69,428
Lolacher, Susan	60,851	Makelki, Catherine	63,712
Longeau, Meranne	61,011	Maksymew, Sharon	61,340
Longpre, Odile	59,840	Malach, Shirley	63,448
Loos, Francis	65,616	Malang, Edwin	71,728
Lord Purdy, Linda	51,906	Malang, Marissa	59,043
Lorence Ryan, Arla	65,486	Malegus, Ken	59,238
Loucks, Cheryl	52,062	Mali, Bahera	239,534
Lough, Maureen	76,633	Malinowski, Eleanor	58,971
Low, Ken	68,260	Mallory, Joanne	53,258
Low, Margot	68,642	Maloughney Herbe, Patricia	59,527
Lowey, Jana	58,029	Mamchur, Grant	93,686
Lu, Xiaoqing	58,382	Mamer, Doris	52,539
Lucero, Dranreb	68,252	Manchester, Samantha	62,331
Luciak, Ken	77,844	Mancuso, Debra	75,643
Luciuk, Leann	52,068	Mann, Joan	64,842
Ludtke, Judy	59,105	Mann, Suba	161,092
Luff, Pat	55,641	Mantyka Whitford, Elaine	75,361
Lukey, Patrick	63,643	Manz, Joanne	61,330
Lund, Starla	72,872	Marce, Michelle	52,469
Lunde, Kenda	56,038	Marcil, Allison	75,657
Lundeen, Coleen	61,357	Marckoski, Carla	56,724
Lundy, Debbie	73,307	Marissen, Debby	55,177
Lundy, Pat	57,833	Markwart, Carol	59,877
Lusk, Valerie	102,709	Markwart, Corinne	57,821
Luther, Jeanette	62,664	Marsh, Maureen	70,836
Lynch, Brant	51,336	Marshall, Dean	79,676
Maas, Allison	83,882	Marshall, Doris	63,108
Mabee, Sonja	53,988	Marshall, Joan L	53,013
Macausland Berg, Dianne	59,481	Martens, Morgan	53,038
Macdonald, Alison	53,871	Martens, Sandra	107,826
Mack, Ellen	55,473	Martin, Brenda	54,687
Mackenzie, Bonnie	61,642	Martin, Donalee	56,913
Mackey, Denise	63,606	Martin, Donna	62,018
Maclean, Karey	61,027	Martin, Heather	54,481
Maclennan, Lorne	63,335	Martin, Neoma	51,603
Macmillan, Robert	58,708	Martin, Shirley	63,567
Macnamara, Jean	60,727	Marynick, Marlin	66,750
Macphee, Linda	61,606	Marz, Carol	76,766

Massine, Darlene	62,456	Mcgrath, Elizabeth	65,795
Masters, Sandra	55,601	Mcgregor, Nikki	55,239
Mathie, Linda	60,139	Mchardy, Darlene	54,176
Mathieson, Brenda	59,119	Mcintosh, Beverly	58,062
Matt, Sonja	87,468	Mckay, Darcy	72,730
Matties, Debbie	63,954	Mckechnie, Marlene	59,960
Matwiy, Jacquelin	59,912	Mckellar, Hector	54,626
Matz, Laura	59,250	Mckim, Darcy	61,925
Maupin, Karen	64,886	Mckinnon, Faye	60,298
Maw, Lester	61,039	Mclaren, Wendy	62,949
Mayer, Christoph	71,418	Mclaughlin, Connie	67,638
Maynes, Julie	57,441	Mclean, Dixon	54,267
Mayor, Denise	61,180	Mclean, Theresa	66,984
Mazur, Janelle	55,457	Mcleod, Melanie	72,666
Mazur, Janet	84,800	Mcmorris, Donna	51,298
Mazur, Mark	89,433	Mcmullen, Cathy	54,425
Mcaleese, Roberta	50,351	Mcnair, Diedre	61,126
Mcauley, Valerie	58,333	Mcnaughton, Donna	58,007
Mccabe, Debra	66,853	Mcneil, Dawn	100,696
Mccall, Elizabeth	61,996	Mcpeek, Randy	56,781
Mccallum, Karen	66,896	Mcphee, Linda	61,287
McCann, Linda	70,893	Mcpherson, Bernadett	62,848
Mccann, Michael	58,614	Mcpherson, Debbie	72,119
Mccann, Nancy	55,392	Mcrae, Edward	76,321
Mccann, Sharon	72,659	Melenchuk, Mary Anne	60,009
Mccaslin, Carolyn	63,199	Melnechenko, Jody	64,662
Mccaslin, Evelyn	52,691	Mensch, Tricia	59,470
Mccaw, Mitsy	62,988	Mercier, Maria	59,465
Mcclement, Sam	57,251	Mergen, Kathleen	52,972
Mcconnell, Alison L	65,519	Merk, Lisa	51,923
Mcconnell, Denise	76,415	Merriam, Debbie	51,546
Mccurry, Terryann	61,115	Merritt, Valerie	70,814
Mcdermaid, Karen	77,859	Meyer, Abraham	271,093
Mcdermit, Tamara	59,033	Michayluk, Gordon	62,881
Mcdonald, Elizabeth	60,690	Mielke, Janell	62,280
Mcdonald, Jayne	61,261	Mihalicz, Helen	50,302
Mcdonald, Patricia	60,499	Mile, Clay	64,292
McDonald, Paulette	71,496	Millama, Zenaida	146,895
Mcdonald, Rhonda	76,283	Miller, Beverly	63,918
McDougall, Diane	68,164	Miller, Carol	68,315
Mcdougall, Elizabeth	62,877	Miller, Charlotte	65,111
Mcelree, Doreen	56,367	Miller, Diane	60,464
Mcewen, Aimee	65,499	Miller, Heather	71,996
McGeough, Lorie	68,860	Miller, Lois	61,116
Mcgifford, Delores	64,879	Miller, Margaret	65,864
Mcgill, Nancy	74,287	Mintenko, Joy	77,038
Mcgillivray, Karen	52,741	Mirva, Denise	62,270
Mcgonigal, Eleanor	61,003	Misskey, Eunice D	53,796

RQHR Payee List 2004 - 05

Mitchell, Jean	50,952	Nadiger, Cathy	68,405
Moerike, Gloria	56,690	Nagy, Dwayne	71,472
Moerike, Janis	50,135	Nagy, Jennifer	66,828
Mohr, Ann	61,048	Nagy, Valda	52,876
Mohr, Joan	56,019	Nahachewsky, Desiree	70,602
Molesky, Louise	69,263	Nalwamba, Rhoda	67,915
Mollison, Deborah	92,242	Nardin, Shannon	61,264
Molnar, Colleen	76,473	Nasser, Roseann	61,191
Molson, Bev	53,896	Natyshak, Merle	69,688
Montanini, Lorna	70,789	Nave, Sean	56,932
Montenegro, Shelley	65,370	Neison, Valerie	73,089
Monteyne, Barry	65,180	Nell, Rita	64,105
Monteyne, Dianne	59,848	Nelson, Beverly	80,471
Moore, Josephine	57,329	Nelson, Danielle	68,783
Moore, Melissa	62,877	Nelson, Diane	65,815
Moore, Sheila	80,620	Nelson, Dwight	274,823
Morari, Brenda	75,047	Nelson, Nadeane	53,985
Morelli, Jeffrey	65,671	Nelson, Rhonda	55,429
Moreside, Susan Ann	68,280	Nerenberg, Marilyn	53,889
Morgan, Donna	54,447	Nernberg, Sheryl	64,817
Morgan, Donna	63,666	Neuls, Frances	70,236
Morhart, Stacey	53,052	Neumann, Barbara	50,296
Morin, Judy	62,503	Neumann, Harry	63,270
Morissette, Ryan	63,359	Neville, Susan	124,550
Morrell, Debra	70,440	Newton, Mae	55,064
Morrison, Sandra	60,603	Ngoka, Grace	54,488
Mosewich, Cindy	74,553	Nguyen, Thuy	59,715
Moskal, Penny	54,113	Nichol Langlais, Barbara	51,683
Moyer, Gordon	54,196	Nichol, Louise	62,289
Moyer, Katarzyna	60,504	Nielsen, Doug	59,641
Mpundu, Regina	50,497	Nielsen, Terry Lyn	63,793
Mroske, Lisa	60,609	Nieto, Lori	53,921
Muir, Erin	52,457	Ning, Lianne	71,229
Mulilo, Petronell	84,980	Noels, Lori	66,417
Muller, Karen	64,865	Nordwick Chan, Kim	61,368
Muller, Pieter	59,648	Norick, Barbara	62,704
Munn, Chris	61,671	Norman, Christoph	72,027
Munns, Tiffany	51,303	Norman, Patti	57,053
Munson, Russell	61,390	Norton, Deborah	63,442
Murdock Smith, Glororia	52,470	Novak Galgan, Harriett	77,487
Murney, Karlene	100,108	Novak, Karen	60,943
Murray, Mark	74,389	Nowoselski, Amanda	62,082
Murray, Robert	53,232	Noyes, Alexandra	62,520
Mutafya, Mary	74,080	Nugent, Carol	53,791
Mwale, Mwangala	77,613	Nugent, Karen	57,193
Mwamba, Ommy	61,316	Nurse, Byron	62,583
Myers, Carol	59,019	Nurse, Shawna	51,504
Myhre, Charlene	68,612	Nuttall, Janice	65,264

Oberndorfer, Gillian	84,633	Palandri, Sandra	53,192
Obrigewitsch, Carmen	53,051	Palanica, John	50,476
Obst, Marjorie	66,429	Paluck, Elan	70,316
Ochitwa, Sandra	59,471	Panchuk, Clayton	60,515
Ochoa, Patricia	60,884	Panchuk, Darlene	58,763
Oconnor, Dawn	65,166	Panchuk, Douglas	81,113
Oconnor, Fiona	52,886	Pantel, Darlean	65,429
Octubre, Penafranc	65,746	Pappas, Sam	61,527
Ogibowski, Theresa	65,573	Paquette, Wayne	55,875
Ogilvie, Lore	71,296	Pare, Judy	68,525
Olesen, Natasha	54,914	Parent, Darla	55,885
Oliver Ewaniuk, Tracey	60,518	Parker Ross, Christine	53,070
Olson, Curtis	60,019	Parker, Jean	67,481
Olson, Lois	53,641	Parsons, Lucia	67,628
Olson, Tannis	56,277	Partaik, Susan	70,317
Olson, Troy	59,233	Partridge, Erin	62,839
Olson, Wendy	58,250	Parvez, Naeem	324,016
Ombac, Erlinda	57,385	Pascua, Milagros	55,898
Omoth, Barbara	65,819	Paseznak, Marion	113,577
Onagi, Maxine	62,428	Paseznak, Shannon	97,174
Ongsu, Jovita	104,969	Paska, Rosalie	70,522
Oquinn, Sheryl	59,338	Paslawski, Judith	60,521
Orasan, Loredana	53,939	Pasnak, Caroline	60,743
Orell, Colleen	54,006	Pastl, Theresa	55,771
Orlowski, Louine	64,723	Paterson, Dineen	52,853
Orr, Reggie	50,859	Paul, Michael	66,153
Orthner, Gail	76,729	Paulhus, Gwen	62,040
Orthner, Stephanie	55,557	Peagam, Linda	51,108
Ortman, Shauna	56,569	Pearce, Rick	56,901
Osborne, Tara	51,267	Peart, Cathy	50,865
Osei, Philomena	75,906	Pedersen, Andrew	75,781
Osicki, Leonard	60,551	Pederson, Lorna	75,413
Osiowy, Melinda	69,013	Pelat, Donna	52,202
Ostafie, Judith	54,529	Pelletier, Colette	52,519
Ostafie, Neil	51,090	Pelletier, Kim	51,812
Ostapowich, Sonia	53,914	Peltier, Brenda	60,612
Ostertag, Shannon	58,068	Perchie, Glen	92,808
Otte, Odette	62,318	Perkins, Cheryl	56,046
Ottenbreit, Tammy	51,718	Perkins, Jeanie	68,361
Ottoson, Cheryl	75,250	Perkins, Susan	62,984
Overend, Dawn	62,890	Perpeluk, Marion	58,448
Owen, James	54,304	Perrin, Jonathan	61,078
Ozga Bellamy, Linda	76,710	Persson, Barbara	55,002
Ozga, Donald J	67,994	Peslar, Stephen	56,281
Pachal, Laurelle	57,915	Peter, Fern	65,231
Paez, Catherine	60,357	Peter, Tammy	62,273
Page, Karen	53,335	Peters, Phyllis	64,108
Paice, Trudy	51,589	Peters, Wade	66,021

Petracek Schoenr, Coralee	61,109	Pritchard, Ruth	65,712
Petrie, Doreen	63,836	Pronych, Edith	57,960
Petroff, Susan	64,348	Pronych, Gary	63,167
Petrychyn, Margaret	65,482	Proudlove, Ann	62,690
Petryna, Vivian	61,657	Proulx, Sharon	59,661
Petryshen, Claudia	68,592	Puff, Beverly	58,532
Pettit, Terri	68,255	Pugachev, Alexandr	62,185
Phillipo Hugel, Paula	67,571	Pugh, Myrna	62,326
Phillips, Joanne	76,766	Purdue, Erin	74,269
Phillips, Tracy	93,254	Pylatiuk, Jason	58,053
Pho, Joleen	50,994	Pylatiuk, Nicole	58,798
Piasta, Linda	58,851	Pyne, Elizabeth	51,773
Pidhorney, Corrinne	65,365	Quinlan, Colleen	69,855
Pike, Greg	54,310	Quintero, Claire	58,968
Pillay, Kumaravel	389,646	Racette, Joyce	58,108
Pinay, Anne	59,262	Racette, Yvonne	56,473
Pituley, Harriette	71,764	Radford, Randall	287,665
Playter, Pamela	87,605	Radford, Trudy	98,116
Plosz, Penny	62,754	Radigk, Sharon	50,524
Poitras, Hazel	66,305	Radutu, George	124,919
Pollard, Sandra	54,351	Rae, Justin	57,122
Pollock, Bonnie	75,593	Rae, Lynn	74,242
Pollock, Darlene	108,800	Rae, Michelle	61,120
Pon, Tin Yout	103,477	Rainbow, Patricia	76,666
Poncsak, Debbie	52,069	Ram, Suresh	71,472
Poole, Susan	65,965	Ramsay, Doug	52,059
Popescu, Janet	60,377	Ramsay, Todd	64,041
Popick, Paula	59,481	Ramsdell, Cathie	62,910
Popil, Tara Lee	50,924	Randall, Diane	79,739
Popoff, Laura	66,067	Randall, Donna	53,463
Porter, Barbara	81,246	Rapchalk, Jason	61,333
Porter, Marion	70,152	Rask, Colin	74,401
Portras, Donna	75,077	Rathgeber, Errin	57,518
Potetz Moore, Leeann	58,208	Rathgeber, Lane	248,043
Potgieter, Tania	88,498	Rathy, Brent	79,186
Potter, Gladys	59,889	Rauckman, Christina	54,229
Potter, Ron	65,775	Reaburn, Ross	65,737
Potter, Vera	62,345	Rector, Patricia	59,172
Poulin, Susan	76,244	Reddekop, David	52,595
Povey, Charlene	59,934	Reed, David	62,042
Powell, Laura	51,779	Regush, Tara	75,068
Powelson, Susan	68,631	Reichel, Judy	51,959
Praski, Nancy	61,600	Reid, Amy	59,358
Pratt, Joyce	67,488	Reid, Donald	271,321
Preikchat, Elton	51,988	Reid, Joanne	59,238
Prevost, Debbie	58,571	Reid, Marilyn	59,313
Primavera, Janice	62,170	Reimer, Betty	63,616
Pritchard, Beverley	58,554	Reimer, Kari	68,188

Renkas, Helen	58,580	Rorbeck, Darlene	78,154
Rennie, Cora Lee	59,548	Rosom, Cheryl	64,979
Rennie, Milda	63,447	Ross, Terry	209,359
Renwick, Patricia	69,655	Rosseker, Gail	73,862
Repotente, Joseph	88,071	Rostie, Darcy	71,252
Reschke, Eric	61,062	Roulston, David	88,539
Resler, Jane	67,179	Routledge, Joy	64,840
Rettger, Kelly	82,704	Rowein, Rebecca	54,763
Revenko, Scott	61,768	Roy, Valerie	80,602
Revoy, Sheldon	61,782	Ruecker, Holly	50,397
Reynolds, Lorraine	56,668	Ruecker, Margaret	50,888
Rhodes, Rod	50,778	Ruetz, Tracy	56,577
Riccetto, Anabella	71,056	Rushlow, Jodi	69,299
Ricci, Jacquelin	101,502	Rushton, Beverly	68,810
Ricci, Peter	62,495	Rusk, Kimberly	72,899
Ricci, Stanley	55,989	Ruskin, Robbie	52,349
Richards, Shanna	52,199	Russell, Heidi	61,920
Richardson, Coreen	61,126	Russell, Theresa	64,994
Richaud, Pamela	89,360	Ryan, Dianne	68,103
Richter, Florence	58,488	Ryan, Gloria	59,449
Richter, Ginger	68,433	Rybchuk, Ken	59,311
Richter, Glenn	52,493	Rydzik, Louise	102,443
Richter, Sherry	61,765	Safnuk, Tania	58,028
Riemer, Joan	62,752	Sahl, Patricia	61,126
Rippert, Joyce	63,647	Saint, Sherry	72,399
Rispler, Kathleen	54,634	Sali, Janet	53,677
Ritmiller, Maryann	69,769	Salter, Connie	50,862
Ritson, Ann	63,588	Salter, Renee	51,698
Rittwage, Catherine	69,141	Sandberg, Rae Lynn	51,415
Roberts, Susan	70,324	Sanders, Carol Ann	51,717
Robertson, Marian	62,534	Sanders, Donna	66,223
Robertson, Marlene	59,194	Sanders, Esther	70,018
Robertson, Nicole	50,007	Sanders, Judy L	63,542
Robinson, Tom	83,534	Sandor, Donna	70,412
Robson, Gwen	58,391	Sarma, Debasish	51,189
Robson, Janice	64,810	Sawatsky, Chris	57,569
Robstad, Emily	62,930	Sawchuk, Dusten	71,130
Rodger, Debbie	75,156	Sax, Noreen	50,905
Rodgers, Pamela	60,675	Schalk, Yvonne	52,620
Rodman, Lorna	66,359	Schatz, Lois	62,657
Rogers, Heather	53,939	Scheibel, Michelle	53,490
Rogers, Renee	53,019	Scheidt, Coby	66,777
Rogerson, Heather	61,583	Schell, Eloise	90,141
Rogina, Sandy	74,211	Scherbey, Terry	63,415
Rohatyn, Dorothy	58,354	Scheske, Jill	51,739
Rohs, Pamela	51,600	Scheuer, Gail	62,980
Roland, Lisa	61,832	Schiazza, Guido	65,053
Rorbeck, Barry	84,632	Schick, Elizabeth	89,141

Schindel, Sherice	70,728	Seno, Rommel	315,292
Schmeling, Lenore	56,275	Seon Mccallum, Charlene	60,495
Schmidt, Craig	69,325	Serediak, Ernie	70,784
Schmidt, Deborah	58,428	Serrano, Adriana	51,455
Schmidt, Katerine	66,870	Severson, David	54,848
Schmidt, Mary	62,709	Shakespeare, Steve	51,097
Schmidt, Mary	64,391	Shalansky, Dallas	69,496
Schmidt, Traci Jo	51,551	Shasko, Diane	56,471
Schneider, Doreen	52,820	Shatford, Kim	64,147
Schoeman, Stefan	237,281	Shay, Debbie	69,887
Schoenhofen, Brenda	69,305	Shepherd, Audrey	51,127
Schoenroth, Susan	64,218	Shevchuk, Debra	68,534
Schoenthal, Heather	57,487	Shewchuk, Daryl	74,955
Schroeder, Debbie	55,100	Shields, Cathy	54,216
Schuba, Elizabeth	74,334	Shier, Marlene	86,690
Schuba, Robert C	62,303	Short, Pat	58,467
Schuler, Sharon	51,449	Shreeves, Lora	52,006
Schulhauser, Michael	55,926	Shuflita Kurtz, Sheila	82,892
Schultz, Beverley	51,110	Shupe, Dianne	61,282
Schulz, Greg	65,290	Sich, Colleen	52,102
Schussler, Carol	56,792	Sidhu, Mohinder	61,931
Schussler, Otto	65,392	Sieben, Lianne	54,921
Schuster, Brenda	82,300	Silzer, Denise	52,068
Schwalm, Dwayne	70,448	Silzer, Joanne	98,134
Schwartz, Dale	69,929	Sim, Carey	67,264
Schweiger, Sandy	64,293	Simpson, Mary	54,282
Scott, Marcia	83,690	Simpson, Therese	59,709
Scott, Maxine	65,596	Sinclair, Bettyanne	62,789
Scott, Verna	493,930	Singer, Gennifer	60,035
Scraper, Kelly	54,811	Singer, Kateri	74,130
Scrivens, Marlene	66,573	Sirup, Blair	62,985
Sculli, Carla	55,615	Sivaratnam, Kumudhini	168,682
Sebastian, Lydia	61,344	Skiba, Valerie	53,266
Sehn, Randy	69,425	Skwark, Gail	60,741
Seib, Heather	62,622	Skwark, Holly	66,352
Seiferling, Joetta	64,922	Slastukin, Robert	69,716
Seivewright, Rosalie	51,134	Slater, Bettyann	71,545
Selinger, Donna	62,960	Slater, James	93,141
Selinger, Elaine	52,982	Slinn, Jackie	62,109
Selinger, Lorna	56,084	Sloboda, Celeste	66,295
Selinger, Stephen	71,985	Slobodian, Dennis	52,307
Sellers, Nancy	64,306	Slopek, Alexandra	77,618
Sellinger, Cheryl	50,068	Slopinski, Dwayne	54,527
Sellinger, Douglas	84,088	Slotsve, Linda	63,231
Selzer, Sharon	62,998	Sluser, Joy	52,054
Semchuk, William	95,170	Smeets, Donna	59,788
Senga, Chad	60,409	Smeikle, Lenieve	66,550
Senhouse, Nathalie	71,101	Smelt, Brenda	63,258

Smith Collins, Marlene	53,975	Stettner, Laura	78,623
Smith, Barbara	70,753	Stevenson, Diane	58,165
Smith, Debbie	88,609	Stevenson, Megan	54,475
Smith, Doreen	66,514	Stewart, Cheryl	56,347
Smith, Malinda	55,782	Stewart, Linda	63,250
Smith, Scott	66,772	Stewart, Lisa	73,552
Smith, Sheila	212,925	Stewart, Pat	72,853
Smith, Sherice	78,458	Stimpson, Valerie	72,904
Snell, Moni	64,207	Stinson, Brenda	58,577
Snider, Karrie	51,352	Stirr, Fred	76,758
Snowdy, Heather	57,190	Stirr, Janice	61,126
Snowdy, Larry	51,083	Stolz, Celine	50,765
Sockett, Ingrid	61,048	Stoppler, Helen	53,979
Softley, Laura	54,116	Storey, Katherine	59,764
Solidarios, Glenn	62,933	Strand, Leslie	75,863
Soloduk, Louella	98,058	Stremel, Bruce	84,205
Solypa, Cyndy	63,374	Stricker, Barry	58,764
Sonntag, Maureen	54,260	Stricker, Lori	69,714
Soparlo, Laura	81,364	Stringer, Suzanne	92,830
Sopczak, Vince	56,206	Strohan, Shirley	57,439
Sorensen, Elizabeth	62,908	Stuber, Arlene	61,113
Sorensen, Stacey	60,114	Stueck, Colleen	60,794
Sorensen, Thomas	71,912	Stulberg, Shelley	53,073
Spangenberg, Diane	68,541	Styles, Christa	54,471
Spencer Jones, Beverly	68,551	Suarez, Rosel	75,202
Spencer, Cathleen	61,115	Suderman, Wendy	66,805
Spencer, Debra	59,449	Sugrim, Sabitri	70,695
Spencer, Shelley	56,084	Sullivan, Maeribeth	53,253
Spicer, Eva	97,791	Sulymka, Mark	76,195
Srochenski, Darcey	60,026	Sulz, Elizabeth	59,985
St Amand, Karen	60,146	Sulz, Linda	90,814
St Onge, Lynn	74,207	Sundar, Ishaan	66,487
Stadnyk, Rena	72,405	Sundin, Leslie	68,547
Stadnyk, Robert	58,912	Surkan, John	58,515
Stadnyk, Tyler	51,814	Sutherland, William J	50,345
Stainbrook, Rhonda	79,343	Svenson, Marian	58,597
Stamm, Shelley	60,328	Swab, Elden	58,996
Stann Roth, Elanna	61,069	Sweatman, Elizabeth	50,788
Staples, Sandra	54,848	Sweeney, Lesley	59,311
Stapleton, Tammy	62,773	Sweet, Tim	69,491
Stasiak, Catherine	61,359	Switzer, Jeanette	68,999
Stauber, Noreen	53,842	Szafron, Susan	64,667
Steffensen, Kenneth	51,648	Szakacs, Ronald	82,456
Stelter, Heather	51,965	Szeles, Barry	55,914
Stengler, Marie	62,498	Szmutko, Diane	69,448
Stephens, Dave	66,410	Szmutko, Elsie	60,365
Stephens, Wanda	57,276	Tangjerd, Angela	63,576
Stephenson, Robert	66,022	Tannahill, Jan	67,673

Tanzell, Darren	60,773	Tomyk, Wendy	68,251
Tardif, Sandra	60,962	Tonita, Wendy	62,275
Tarr, Jonathan	50,242	Tonn, Dwight	73,809
Tarr, June	58,963	Torbin, Ivanna	70,246
Tayco, Vilsilyn	62,830	Toro Hopkins, Debbie	81,141
Taylor, Janet	50,861	Tourond, Lorna	62,119
Taylor, Jennifer	60,275	Townsend, Lorraine	68,529
Taylor, Ron	214,585	Townsend, Terri	54,930
Taylor, Tamara	63,461	Tracey, Sherri	62,009
Taylor, Tami	59,370	Trail, Linda	55,122
Teetaert, Janaya	60,839	Treleaven, Denise	69,365
Tejszerski, Judith M	55,314	Truman, Sharon	73,431
Temrick, Therese	54,418	Trytten, Melody	60,283
Thain, Linda	83,235	Tuchscherer, Laura Lee	77,749
Thauberger, Lorna	59,238	Tuff, Eileen	63,704
Thauberger, Veronica	57,449	Tuharsky, Ruby	70,385
Thera, Sandra	62,732	Tumac, Alison	65,503
Theriault, Lyle	54,194	Tunison, Kerri Lyn	52,983
Theriault, Shannon	60,497	Turnbull, Dianne	73,072
Therrien, Charlotte	58,430	Turner, Dale	62,541
Therrien, Kristen	59,245	Turner, Joan	63,591
Thibault, Loreli	59,891	Tymchyshyn, Robert	58,779
Thiele, Marjorie	68,179	Tyrer, Diane	66,777
Thomas Cullen, Lynwen	56,422	Uhren, Linda	63,837
Thomas, Elizabeth	230,304	Uhrich, Donna	60,550
Thomas, Lynne	68,730	Uhryn, Korin	58,129
Thompson, Beverly	61,927	Undseth, Kathy	63,804
Thompson, Carolyn	53,063	Upshall, Donna L	64,428
Thompson, Vicki	64,683	Ursu, Dona	57,608
Thomson, Jill	70,042	Valimaki, Anna	57,375
Thornton, Georgia	70,485	Vall, Teresa	68,258
Thorp, Leah	55,711	Vanbendegem, Paul	56,896
Tiede, Bruno	80,839	Vanbeselaere, Donna	77,711
Tillson, Rachel	59,472	Vanbuekenhout, Guy	71,609
Tinani, Naresh	55,412	Vanderkuur, Brenda	61,840
Tincher, Darlene	83,977	Vandervelden, Lois	64,280
Tippe, Cathy	70,595	Vandevorst, Raymond	103,494
Tirebuck, Lois	80,024	Vanluven, Dion	57,790
Tirk, Candace	50,775	Vanparys, Bev	50,091
Tirk, Ronald	60,867	Vansickle, Linda	54,017
Tisdale, Daphne	80,076	Vanvliet, Paulette	55,157
Titus, Agnes	93,701	Varga, Melissa	52,507
Tkach, Michele	63,309	Varin, D Brian	50,698
Tkatch Melle, Chrisinda	66,155	Vass, Sandra	85,285
Todd, Anne	74,581	Vegunta, Krishna	59,238
Toews, Audrey	5[illegible]774	Velestuk, Debbie	62,353
Tomka, Pamela	59,238	Venables, Natasha	59,431
Tompkins, Thomas	63,004	Venter, Jacobus	62,211

Vermeulen, Todd	55,268	Wesa, Kristyn	57,081
Verville, Francoise	71,196	West Johnson, David	78,992
Vickers, Joan	54,211	West, Andrew	66,648
Vickers, Kim	52,716	Wharton, Tammy	64,364
Viczko, Krista	51,510	Whitaker, Elizabeth	58,996
Vienneau, Carolle	78,799	White, Barbara	63,082
Virmani, Joginder	87,244	White, Gladys	53,712
Virtue, Alison	58,866	White, Patricia	67,371
Vodon, Therese	50,550	Whiteman, Peter	60,385
Vogt, Michele	71,407	Whiting, Celine	69,651
Voss, Arlette	73,432	Whiting, Patricia	63,914
Wacker, Linda	80,150	Whitley, Elizabeth	76,385
Wadsworth, Mary	68,154	Whitrow, Rodney	60,650
Wagner, Judy	57,757	Wiebe, Margaret	71,235
Wagner, Myrna	64,952	Wiebe, Sharon	58,360
Wagner, Rosemary	55,408	Wiest, Roberta	70,837
Wald, Irene	67,055	Wilde, Edna	52,616
Walker, Donna	50,923	Wilde, Rita	64,441
Walker, Freda	65,233	Wilkie, Linda	53,590
Walker, Kimberly	56,022	Wilkinson, Lorna	64,021
Wallenberg, Christine	64,392	Willerth, Kathryn	69,853
Wallman, Sharon	65,603	Williams, Jason	71,926
Walters, Valeria	54,984	Williams, John	50,479
Wappel, Melessa	53,141	Williams, Linda	53,750
Warburton, Kathryn	76,517	Williams, Wendy	63,293
Warde, Gail	59,353	Willway, Verity	64,115
Wark, Judy	51,099	Wilms, Els	61,966
Wasty, Fasahat	303,176	Wilson, Beverly	59,909
Wasylyshyn, Dave	75,879	Wilson, David	100,696
Waterer, Elizabeth	70,998	Wilson, Donald	76,766
Watkins, Michelle	63,801	Wilson, Donna	76,719
Watson, Penny	50,839	Wilson, Douglas	71,472
Waugh, Jim	52,538	Wilson, Joyce	64,891
Waxero, Susan	57,664	Wilson, Karen	55,120
Webb Young, Geraldine	62,271	Wilson, Kerina	64,689
Webster, Bernice	63,206	Wilson, Mary	59,481
Weflen, Kerrie	55,300	Wilton, Muriel	51,664
Weinberger, Annette	53,010	Windsor, Gwen	56,367
Weir, Louise	77,627	Windsor, Kent	52,303
Weir, Trevor	51,307	Winkel, Tanya	73,965
Weisgarber, Maureen	71,095	Winnicki, Brenda	50,814
Weisgerber, Karen	67,006	Winter, Beverley	68,592
Weiss, Marjorie	51,294	Winton, Janet	69,146
Weisshaar, Glenys	64,973	Wirth, Donna	66,540
Wekerle, Robert	60,881	Wirtz, Brenda	62,004
Weider, Erin	55,763	Wiszniak, Debra	61,709
Wentz, Maureen	61,772	Woiken, Gwen	64,020
Wentzell, Cindy	63,392	Wolf, Lee	64,573

Wolfe, Murray	91,022
Wolfe, Robert	63,687
Wollbaum, David	66,563
Wollmann, Bruno	75,953
Wong, Ingrid	60,402
Wong, Katty	50,243
Wood, Audrey	65,056
Woodroffe Brown, Ngaire	71,361
Woods, Brad	55,114
Woods, Caryn	61,098
Woods, Eileen	53,117
Woodworth Fuchs, Lisa	66,953
Worth, Twila	54,360
Woycik, Kimberly	51,694
Wozniak, Laurie	63,826
Wright, Donna	69,834
Wright, Elaine	59,114
Wright, Garth	120,733
Wright, Vera	62,187
Yang, Tracey	56,957
Yates, Sheila	68,157
Yee, Betty	60,554
Yee, Kathleen	52,609
Yee, Raymond	70,644
Ylioja, Anita	60,454
Ylioja, Patti	62,718
Youck, Deanna	66,751
Young, Bonnie	52,106
Young, Dale	70,997
Young, Marilyn	62,267
Young, Moira	50,556
Young, Neil	70,168
Young, Nerissa	59,304
Zaba, Danielle	52,424
Zaba, Donna	62,168
Zacher, Gary	71,402
Zaiser, Juanita	56,605
Zarusky, Wanda	63,062
Zazulak, Irene	61,248
Zdunich, Brenda	74,924
Zelinski, Joyce	59,309
Zerr, Mollyann	54,727
Ziefflie, Beverlee	77,034
Ziffle, Shannon	55,930
Zilm, Myrna	54,083
Zimmer, Martine	60,817
Zinger, Erwin	57,017
Zinkhan, Linda	64,436
Zinn, Tammy	62,032
Zitta, Rosalia	60,319
Zorn, Gail	57,966
Zummack, Darlene	60,393

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2005

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

101027726 Saskatchewan Ltd.	$	318,048	Bowers Medical Supply Co.		51,522
101039531 Saskatchewan Ltd.		145,354	Brathwaites Olivier Medical		101,859
101055670 Saskatchewan Ltd.		92,521	Brenda R Hildebrandt Law Office		63,711
615672 Saskatchewan Ltd.		299,193	Brennan Supply Ltd.		86,854
A.S.A.P. Therapy Services Ltd.		163,500	Bridge Brand Food Services		509,671
Abbott		4,223,841	Bristol-Myers Squibb		63,971
Abdulla Dr. R.H.		76,673	Brunswick Filing Systems		136,093
Aboriginal Family Service Centre		499,470	Brydon Dr L		50,977
Abu Ghazaleh Dr. Y Medical Professional Corp		143,753	Bunzl Distribution		685,902
Acklands Grainger		84,476	Busse Dr. E.F.G.		78,927
Acme Welding Shop		54,719	CAA Travel Agency		68,702
ACS Guidant Canada		82,762	Cadillac Fairview Gift Certificates		105,000
Advanced Medical Technology		116,207	Canada Bread		83,558
AGFA		54,308	Canadian Corps Of Commissionaires		114,093
Airway Surgical Appliances Ltd.		60,295	Canadian Council On Health Services Accreditation		65,956
Alcon Canada Inc		396,554	Canadian Hospital Specialties		113,658
Alibhai Dr. N.		77,030	Canadian Medical Protective Association		72,795
All Nations' Healing Hospital Inc.		2,541,961	Canadian Microsurgical		110,775
All Sask Coffee Services Inc.		116,692	Capital Health Authority		174,195
Amersham Health Inc.		496,987	Cardinal Health		50,447
Amgen Canada Inc		206,619	Cardoso Dr. R.		50,726
AMO Canada Company		568,483	Carl Zeiss Canada Limited		95,401
AMT Electro Surgery		89,673	Carsen Group Inc.		757,798
Apotex Inc		267,067	Carsen Medical		191,459
Arch Transco Ltd.		131,342	Carson Dr G.		96,517
Arcola P.T. and Acupuncture Clinic		122,625	CEG Energy Options		2,569,421
Arjo Canada Inc		51,958	Centennial Foodservice		100,163
Arrow Medical Products Ltd.		160,082	Chan Dr. J.		122,560
Associated Health Systems		54,800	Chang Dr. Paul		123,890
Astrazeneca Canada Inc		127,405	Chef Redi Meats		63,350
Autism Resource Centre Inc.		314,860	Cherry Dr. M. Medical Professional Corp		116,447
Auto Suture		1,033,045	Christie Mechanical Ltd.		143,967
Aventis Pasteur Limited		89,909	Circle Project Assoc Inc		458,992
Aventis Pharma		86,485	Circon Canada		364,983
Avnet Computer Components		528,631	City of Regina		1,134,994
B&R Holdings Inc		63,946	Coca-Cola Bottling Ltd.		100,712
Backlin's Ambulance Service Ltd.		396,613	Commercial Alcohols Inc		65,525
Bank of Montreal		187,488	Cook (Canada) Inc		769,753
Bard Canada		433,880	Cornwall Centre Gift Certificates		75,325
Barnard Dr. H		202,464	Courtside Sports Med & Rehab Inc.		81,750
Baxa Canada		142,273	Coutts Courier Company Ltd.		91,431
Baxter		1,907,789	CPDN #3130827 Canada Inc		3,379,852
Bayer (Miles) Canada		563,659	Crane Supply		136,064
BD Biosciences		104,583	Crichlow Dr Allison		112,220
Beckman Coulter Canada Inc		370,131	Culease		265,510
Becton Dickenson		112,997	Cupar and District Nursing Home Inc.		1,856,389
Betcher Dr. J.		134,031	Cupar Lions Volunteer Ambulance		156,078
Bio Rad Laboratories Cda. Ltd.		244,536	Custom Water Ltd.		81,557
Biomed		490,561	D.L.G.L. Ltd.		633,835
Biomerieux Canada Inc.		219,318	Dade Behring		89,312
Biomet		140,450	Dairyland Fluid Division Ltd.		83,474
Borderland Co-Operative Limited		59,296	Danka Canada Inc		112,902
Bosenberg Craig Dr		111,200	Datamark Systems Business Document Providers		69,908
Boston Scientific Corp		1,940,346	Datex - Ohmeda		74,388

Dawsco Services Ltd.	162,893	Hauptfleisch J. Dr.	69,068
Denis Jones	91,315	Healthcare Insurance Reciprocal of Canada	947,907
Depuy (Canada) Ltd.	2,184,087	Healthline Systems, Inc	116,700
Dictaphone	124,376	Hewlett Packard Canada Ltd.	247,016
DJ Orthotics	164,875	Hipperson Construction	506,954
Dominion Biologicals Ltd.	78,175	HJ Linnen Associates	224,974
Dominion Construction Company Inc	64,683	Hollister Limited	78,842
Downtown Physiotherapy Clinic	122,625	Holmes Dr. S.B.	151,067
Dr Gavin Jones Medical Professional Corp	274,976	Honeywell Limited	108,905
Dr J Fourie Medical PC Ltd.	101,982	Hospitals of Regina Foundation	51,400
Dr James Mchattie Medical Professional Corp	129,396	Huisamen Dr L	86,122
Dr Jane Arthur Medical Professional Corp	305,624	Huisamen Dr. Charles	61,164
Dr John Deptuch Medical Professional Corp	354,528	Hunter Dr. D. Medical Professional Corp	77,180
Dr Juri Van Staden Medical Professional Corp	211,299	IBM Canada Ltd.	128,263
Dr Lucas Potgieter Medical Professional Corp	307,916	Imperial & District Ambulance	83,642
Dr Mohamed Am Gheis Medical Professional Corp	155,290	Inamed Aesthetics	206,986
Dr Natarajan Medical Professional Corp	343,234	Independents Choice Distribution	100,719
Dr Ole Rasmussen Medical Professional Corp	51,624	Intech Integrated Technologies	69,621
Dr S Amadala Medical Professional Corp	238,715	Inter V Medical Inc	63,983
Dr William Papenfus Medical Professional Corp	285,363	Janssen Ortho Inc	2,276,811
Dr. Vijay Trivedi Medical Professional Corp	716,748	Jayaprakash Medical Professional Corp	302,885
Ebsco	251,638	Johnson And Johnson	2,061,236
Edwards Lifesciences (Canada) Inc	350,358	Joy Dobson Medical Professional Corp	130,513
Eecol Electric (Sask) Ltd.	98,770	JT Ambulance Service Ltd.	257,662
Emslie Dr Linda	281,558	K & S Bakery Products	90,832
Essalah Dr	143,298	Karl Storz Endo	358,334
Extendicare Elmview	2,759,021	Kasipillai Dr G A L	127,592
Extendicare Parkside	8,507,315	KCI Medical Canada	244,595
Extendicare Sunset	5,278,863	Kone Inc	108,171
Falkenberg Dr Konnie	272,528	Kopriva Dr David	58,370
Farnorth Sales Association	69,618	Labuschagne Dr B	63,677
Ficzycz Md Dr. Nestor J.	70,983	Lac-Mac Limited	151,825
Filtration Group	54,489	Lang Dr Mike	126,938
Fink Dr. M.	59,782	Laursen Dr B	133,442
First Avenue Child Care Inc	61,200	Le Roux Eric	193,441
Fisher Scientific Ltd.	454,267	Linde Dr B	108,448
Fraser Health Authority	150,920	Linvatec Canada	276,687
Fresenius Medical Care Canada	841,588	Login Brothers	66,882
Fries Tallman Lumber (1976)	53,919	London Health Sciences Centre	83,973
Futuremed Health Care	54,328	London Scientific Ltd.	139,913
Gambro	1,056,398	Loraas Disposal Service Ltd.	109,344
Gamma Dynacare Medical Lab	1,857,226	Lumsden & District Heritage Home	1,552,625
Ganshorn K. Dr.	107,528	Macpherson Leslie & Tyerman	482,230
GE Healthcare	104,666	Malik Dr R	52,439
GE Medical Systems Canada	1,739,146	Mallinckrodt Medical Inc	268,946
Geac	186,686	Mang Dr A	109,924
General Electric Canada Inc	76,489	Marsh Canada Limited	380,706
General Electric Medical Services	221,536	Matthew & Co. Limited	131,858
Genpharm Inc	72,000	Maximum Potential Rehab Inc.	163,500
Genzyme Canada Inc	56,315	McCarville Don	65,792
Getinge Castle Canada	230,488	McKesson Canada	1,472,199
Gheis Dr M	114,347	McMillan Dr J S Medical Professional Corp	172,438
Gibbings Dr E	56,528	MDS Nordion	76,726
GII Orthotics Inc	172,854	Med I Pant Incorporated	70,920
Goebel Brenda	76,068	Medex Canada Inc	296,653
Goldkey Consulting Inc	90,175	Medtec Marketing Ltd.	1,059,941
Grand & Toy	810,875	Medtronic of Canada Ltd.	4,790,467
Greentex Inc	494,211	Mental Health Association/Regina Branch Inc.	384,319
Guy Barry	78,680	Merck Frosst	139,832
Haque Dr S	308,905	Meyer Dr O	132,642
Harold Dr. Brent	80,334	Microage Computer Centres	451,829

Minister of Finance	1,556,050
Minogue Medical Inc	209,005
Mobile Crisis Services Inc.	86,065
Moore Corporation	92,843
Muller Dr Peter	104,632
Nagels Audio Visual Ltd.	102,004
Nalco Canada Inc #C3124	90,270
Nestle Clinical Nutrition	64,032
Newton Dr. M.P.	75,098
Nexinnovations	63,608
Ninan Dr. Abraham	242,490
Novartis Ophthalmics	599,197
Novartis Pharmaceuticals Canada	68,887
Ogrady Dr. M.	173,396
Ollenberger Glenn	364,884
Oracle Corp. Canada Inc	160,169
Orange Properties Sask Ltd.	605,551
Organon Canada Ltd.	146,341
Ortho Clinical Diagnostics Inc	467,603
Orto-Ped	340,484
Osman, Gordon And Co. Mackenzie Law Office	71,514
Otto Bock Orthopedic Industry	147,159
Oxoid Inc	134,161
Pacific And Western Bank of Canada	100,838
Palani Dr M	107,171
Patel Dr VK Medical Professional Corp	277,473
Patterson Dr. Ed	178,274
PC Place	307,627
PCL - Maxam A Joint Venture	384,560
Pepler Dr P	161,328
Petro Canada	189,383
Petro-Canada Regina Farm And Commercial Sales	59,615
Pfizer Canada Inc	123,718
Pharmacy Computer Services Inc	55,430
Philips Electronics Ltd.	83,866
Philips Medical Systems Canada	1,182,625
Phoenix Residential Society Inc.	947,452
Phonak Canada Ltd.	88,655
Phonic Ear Ltd./Oticon	79,748
Pilling Weck Canada L.P.	202,475
Pioneer Village Special Care Corporation	15,619,909
Pipestone Kin-Ability Centre Inc.	52,661
Planned Parenthood Regina	124,884
PML Microbiologicals	118,385
Prairie Ambulance Care (1998) Ltd.	212,644
Prairie Controls Ltd.	58,596
Prairie Distributors	122,582
Praxair Canada Inc	161,517
Primed Canada Inc	99,394
Professional Medical Lab Ltd.	1,077,404
Promed Associates Ltd.	61,977
Provincial Health Services Authority	77,555
Provincial Medical Supply	377,782
Purolator Courier Ltd.	57,408
Radiology Assoc of Regina Medical P C Inc	8,852,746
Rainbow Youth Centre Inc.	432,123
Red Cross	123,000
Reddi Dr K	234,611
Regina & District Food Bank Inc	67,490
Regina Early Learning Center Inc	471,007
Regina Open Door Society	86,062
Regina Recovery Homes Inc.	1,491,464
Regina Sports and Physio Clinic	81,750
Registered Psychiatric Nurses Assoc. Sask.	51,392
Reid Dr WD	68,339
Ritenburg & Associates	93,343
Roche Diagnostics	269,501
Rudovich Medical Profesisonal Corp	209,688
Ruthnum Dr. L P	149,710
Ryan Consulting Services Inc	156,448
SAHO	869,882
Salvation Army-Waterston Centre	158,371
Samuel Dr FS	116,088
Santa Maria Senior Citizens Home Inc.	5,981,405
Sask Power Corporation	3,938,656
Sask Property Management Corp	1,909,754
Sask Registered Nurses Association	706,232
Sask Workers Compensation Board	16,124,383
Saskatoon Health Region	90,712
SaskEnergy	565,650
SaskTel	1,922,162
Schaan Healthcare Products	3,994,088
Schering Canada Inc	1,665,775
Seibel Dr. Debbie	50,715
Sexauer Ltd.	51,387
Sharman Dr. M.G.	88,484
SIAST	98,011
Siemens Hearing Insturments Ltd	355,199
Silzer Kent	63,799
Site Management Services Inc	152,711
Skillsoft	73,830
Smith And Nephew Inc	291,994
Smiths Medical Canada Ltd.	112,310
Society of Obstetricians And Gynacologists	147,018
Soft Computer Consultants Inc	138,106
Softchoice Corporation	126,660
Solo Consulting	120,413
Somagen Diagnostics	288,245
Sonora Medical Systems Inc	97,627
Soo Line Ambulance	88,943
Sorin Group Canada Inc	197,356
Source Medical	4,478,051
Southmedic Incorporated	51,037
St. Jude Medical Canada Inc	256,764
Stantec Architecture Ltd.	137,724
Stapleford Physiotherapy Clinic	88,667
Starkey Labs - Canada Co	355,259
Stepping Stones Childcare Co-operative	249,679
Steris Canada Ltd.	218,539
Stone Hutchinson Architects Ltd.	170,248
Stryker Bertec Medical Inc	963,045
Stryker Canada LP	626,553
Sundar Dr. I.	179,960
Sunil V. Khaladkar Medical Professional Corp	73,033
Suri Dr. S	116,247
Swart Dr M	145,429
Synthes (Canada) Ltd.	302,922
Sysco	2,546,092
Talukdar Dr. C.	54,571
Terblanche Dr Marthinus WT	91,873
Tex Pro Western Limited	82,066
Thackeray Dr. V.	56,343

The Qu'Appelle Diocesan Housing Company	873,845
The Regina Lutheran Housing Corporation	3,480,465
The Salvation Army William Booth Special Care Home	4,593,617
The Stevens Company	378,815
Theo Le Roux Medical Professional Corp	92,974
Toshiba of Canada Limited	769,632
Tricific Enterprises	65,390
Trudell Medical Supply	276,925
Tsang Dr John	84,029
Tyco Healthcare Group Canada Inc	1,647,455
Ultramed Inc	72,792
Unisource	308,125
University of Regina	176,583
University of Saskatchewan	55,221
Valley Ambulance Care Ltd.	298,692
Valleylab	174,682
Van Der Merwe Dr A	121,933
Van Der Merwe Dr H	138,128
Vital Aire	375,000
Vitality Foodservice Canada Co	98,034
Vlok Dr J	153,272
Vorster Dr B	136,886
Vuksic Dr Stan	82,358
VWR International	171,730
W L Gore & Associates Canada Inc	95,670
Wesco	61,851
Westcor Builders (Sask) Inc.	173,981
Widex	67,382
Wyeth Pharmaceuticals	208,638
Xerox Canada Inc.	105,831
Zimmer	130,953
Zwack Rhonda Medical Professional Corp	50,976